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ABSTRACT

This manual is a guide to funding resources for assistive technology needs of individuals with disabilities in Illinois. Part 1 is an introduction that describes general funding sources and agencies and details nine steps in developing a funding strategy. Part 2 is a directory to 43 specific funding sources. Each listing includes information on the agency or legislation (such as contact information, who is served, eligibility, and the application process), as well as a narrative description of each specific program. Three extensive appendices include: (1) guidance concerning how to choose appropriate assistive technology and suggestions for getting insurance to cover an assistive technology need; (2) checklists, samples, and worksheets; and (3) specific resources in Illinois. (DB)

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Illinois Assistive Technology Project
Assistive Technology Funding Resource Manual

REACH FOR THE STARS!
FOLLOW YOUR DREAMS!
SING YOUR OWN SONG!
WITH ASSISTIVE TECHNOLOGY!!!

What is Assistive Technology (AT)?

Most people think AT is a complicated piece of equipment that only technically minded people can operate.

It is NOT that!

Assistive technology is any "tool" that makes life easier. You know . . . Like a magnifying glass or grab bar next to the shower or toilet. In some cases it is an adaptation to a computer or steering wheel.

What about large button phones or loud volume alarm clocks?

Yes, AT is everywhere!

If AT is everywhere why can't I find anything to help me . . .

Reach across the table?
Follow directions to the restroom?
Read my mail?
Hear music?
Remember to take the correct dose of medicine at the right time?

Maybe we can help.

The Illinois Assistive Technology Project (IATP) helps people find the type of assistive technology they need. We have **information and assistance** staff who can answer your questions. We even have an 800 number for Illinois residents so you won't have to spend a dime to find help.

What other types of assistance does IATP provide?

Well, we can't purchase the devices for you, but we might be able to point you toward a funding source.

And, if you'd like to tell your friends or community we over valuable **training**. Our staff will come to your location and train 10 or more people on **basic AT** skills or **funding options**. If you have a child with a disability, we'll give you pointers on **advocating for your child's special needs in the classroom.**

Anything else?

- A demonstration and loan center
- Informational papers, TECHNOTES
- A used equipment web, www.at4u.org
- A newsletter, TECHTALK
- A legislative information pipeine
- formation on home and office modifications.

Sounds Great! How can I contact your office?

IATP
1 West Old State Capitol Plaza,
Suite 100
Springfield, IL 62701

On the web:
www.iltech.org
www.at4u.org

800-852-5110 v/tty (IL only)
217-5227985 voice
217-5229966 tty

Illinois Assistive Technology Project
1 West Old State Capitol Plaza, Suite 100
Springfield, Illinois 62701
217-522-7985 voice
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www.iltech.org
www.at4u.org
iatp@fgi.net

February, 2000
Springfield, Illinois

The Illinois Assistive Technology Project is a state and federally funded program. Its mandate is to make assistive technology and related services more available to people of all ages, with all types of disabilities in Illinois. This directory is part of that effort.

IATP is funded through the Department of Human Services, Office of Rehabilitation Services, under a grant from the National Institute on Disability and Rehabilitation Research, US Department of Education under the Assistive Technology Act of 1988. This publication does not necessarily reflect the position or policy of NIDRR/ED or DHS and no official endorsement of the material should be inferred.

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includes shipping and handling
Send check to IATP
Sorry, No POs.

Forward

This simple-to-use guide is for anyone working their way through the assistive technology funding maze. It identifies Illinois funding sources and suggests strategies to obtain them. The information about the agencies and organizations included in this directory, comes from material they sent to us in response to a survey.

This guide is not an exhaustive list of funding sources. It is however, all the sources known by IATP staff. If you know of another funding source, we will gladly add it to the next revision. Contact Illinois Assistive Technology Project, 1 West Old State Capitol Plaza, Suite 100, Springfield, IL 62701. iatp@fgi.net.

Acknowledgments

Special thanks to all the agencies and organizations that responded to our survey. Without their help, this guide would not be possible.

Thanks also to the Minnesota Star Project. We used excerpts from their guide in this manual.

Through the Maze . . . Assistive Technology Funding Manual

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Acroynm List

AAA - Area Agency on Aging
ADA - American's with Disabilities Act
AT - Assistive Technology
ATEN - Assistive Technology Exchange Network
ATU - Assistive Technology Unit
BBS - Illinois Department of Human Services, Bureau of Blind Services
CCTV - Closed Circuit Television
CCU - Case Coordination Unit
CIL - Center for Independent Living
CILA - Community Integrated Living Arrangement
CP - Cerebral Palsy
CRSBVI
DCCA - Illinois Department of Commerce and Community Affairs
DD - Developmental Disabilities
DHS - Illinois Department of Human Services
DON - Determination of Need
DPA - Department of Public Aid
DSCC - University of Illinois at Chicago - Division of Specialized Care for Children
EPSDT - Early Periodic Screening Diagnosis and Treatment
FAP - Family Assistance Program
HSP - Home Services Program
IATP - Illinois Assistive Technology Project
ICC - Illinois Commerce Commission
ICF/DD - Intermediate Care Facility for People with Developmentally Disabilities
ICF/MR - Intermediate Care Facility for People with Mental Retardation
ICRE - Illinois Center for Rehabilitation and Education
IDOA - Illinois Department on Aging
IE - Early Intervention
IEP - Individualized Education Program
IIT - Illinois Institute of Technology
IPE - Individual Plan for Employment
ISBE - Illinois State Board of Education
ISD - Illinois School for the Deaf
ISVI - Illinois School for the Visually Impaired
IWRP - Individual Written Rehabilitation Plan
JTPA - Job Training Parthership Act
MDA - Muscular Dystrophy Association
OBRA – Omnibus Budget Reconciliation Act.
ORS - IL. Department of Human Services, Office of Rehabilitation Services
OT - Occupational Therapy or Therapist
PKU
PT - Physical Therapy or Therapist
SDA - Service Delivery Area
SEP - Supported Employment Program
SPACE - Society for the Prevention of Acronyms Confusing Everyone
SSDI - Social Security Disability Insurance
SSI - Supplemental Security Income
TBI - Tramatic Brain Injury
TTY - TeleTypewriter for the Deaf
UCP - United Cerebral Palsy
UIC - University of Illinois at Chicago
VA - Veterans Administration

Part One
Developing a Funding Strategy

Types of Funding Resources

The way you use assistive technology points you toward possible funding sources.

The way you use assistive technology points you to possible funding sources. Knowing why you need the device -- medical need, an education tool or means of holding a job, points you to likely funding choices.

For example: Medicare is the health care program for people over age 65 and some people with disabilities under age 65. Medicaid (Department of Public Aid) is the joint federal/state program that provides medical and health care services to people with low income. Both programs can purchase certain types of assistive technology, and both require that the technology be medically necessary. Under federal Medicaid rules each state can develop its own definition of medical necessity. In Illinois, it is defined as:

> *Necessary medical care that is generally recognized standard medical treatment, needed because of disease, disability, infirmity or impairment, is not experimental, and is not a convenience item.*

Private insurance comes in many forms, and is largely unregulated when it comes to assistive technology. Although insurance companies do purchase some assistive technology, insurance plans and policies are often silent about what technology and services they cover. However, technology and services must be medically necessary if we expect health insurance to cover the costs.

A school district may purchase technology devices for its students if it is written into the child's Individual Education Plan (IEP). If a school district purchases equipment, the district owns it, not the user. This may mean the student will have to leave it at school after school hours, during the summer or permanently, if the child moves or graduates. Schools provide assistive technology when it is "appropriate and necessary" for the child to reach his/her educational goals.

The Department of Human Services, Vocational Rehabilitation Program can fund assistive devices that increase a person with a disability's chance to get a job. The Individual Plan for Employment (IPE) must document the need for AT. When the Program purchases the device, the customer owns it.

Nonprofit, advocacy organizations and manufacturers of assistive technology can be valuable funding and information sources ... and sometimes they even pay for devices. In addition, some manufacturers have special payment plans or offer low-interest loans for their products.

Local service clubs (Kiwanis, Knights of Columbus, Lions, etc.) often grant money or organize fund-raisers. Contact your chamber of commerce for a list of clubs and contacts. If you contact a service club, be specific about the assistive device, why you need it and it's cost. But, there's much more "how to" information later in this guide.
Research your options. Your local library can point you to general information about state and national foundations. For more in-depth infor-

You are your own best advocate.

mation, Illinois has four libraries containing special collections of "Foundation Directories." The librarians there are very helpful. They will not do the work for you, but will point you in the right direction. Those four libraries are:

Donors Forum of Chicago
208 South LaSalle, Suite 740
Chicago, IL 60604
312-578-0175

Evanston Public Library
1703 Orrington Avenue
Evanston, IL 60201
708-866-0305

Rock Island Public Library
401 19th Street
Rock Island, IL 61201
309-788-7627

University of Illinois at Springfield
Brookens Library, Shepherd Road
Springfield, IL 62794
217-786-6633

These three guides may also help:

- Directory of Grants for Organizations Serving People with Disabilities,
- Directory of Computer and High Technology Grants, and
- Directory of Building and Equipment Grants.

All are edited by Richard M. Eckstein and published by Research Grant Guides, Inc., P.O. Box 1214, Loxahatchee, FL 33470.

Self Advocacy and the Fight for Funding.

As you search for assistive technology funding, you will deal with agents of insurance companies, government agencies and/or private, nonprofit organizations. Knowing how to work with them and how to get questions answered, increases your chances of success.

You are your own best advocate. However, if you're new to the funding process and would like assistance, ask someone with experience to help you. These advocates could work for the manufacturer, be part of a disability group, be a person with a disability or family member or a teacher or a therapist. Many technology manufacturers and vendors have funding coordinators on staff, full-time employees who know how to go after the money. Advocates can also help if you need to appeal a decision. Below are organizations that provide advocacy or information and referral.

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Statewide

Illinois Assistive Technology Project
1 West Old State Capitol Plaza
Suite 100
Springfield, IL 62701
800-852-5110 v/tty
www.iltech.org
iatp@fgi.net

Senior Helpline
421 East Capitol Ave., #100
Springfield, IL 62701-1789
800-252-8966 v/tty

Centers for Independent Living
(See Appendix III for the Center nearest you)

Coalition of Citizens with Disabilities in Illinois
300 East Monroe, Suite 100
Springfield, IL 62701
800-433-8848 v/tty

Client Assistance Program (CAP)
100 North First Street,
First Fl. W.
Springfield, IL 62702
800-641-3929 v/tty
217-782-5374 v/tty

Equip for Equality

Northeastern Region 11
East Adams St., Suite 1200
Chicago, IL 60603
312-341-0022 v/tty
800-537-2632 v/tty

Northwestern Region
1612 Second Ave.
P.O. Box 3753
Rock Island, IL 61204
800-758-6869 v/tty
309-786-6868 v/tty

Central Region
427 East Monroe
P.O. Box 276
Springfield, IL 62705
800-758-0464 v/tty
217-544-0464 v/tty

Southern Region
102 S. Washington, Suite 202
Carbondale, IL 62901
800-775-3304 v/tty
618-529-2101 v/tty

Parent Training and Information Centers

Family Resource Center on Disabilities
20 East Jackson Blvd., Room 900
Chicago, IL 60604
800-952-4199 voice
312-939-3519 tty

Designs for Change
6 North Michigan Ave., Suite 1600
Chicago, IL 60602
800-857-9292 voice
312-857-1013 tty

National Center for Latinos with Disabilities
1921 South Blue Island Avenue
Chicago, IL 60608
800-532-3393 voice
312-666-1788 tty

Family T.I.E.S.
800 S. Spring
Springfield, IL 62704
800-865-7842 v/tty
217-544-5809 v/tty

Money doesn't grow on trees. . . But you can find it

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Free/Low Cost Legal Services

Cook County Legal Assistance
1146 Westgate, #200
Oak Park, IL 60301
708-524-2600
708-524-2633 tty

Land of Lincoln Legal Assistance Foundation
327 Missouri Avenue, Suite 605
East St. Louis, IL 62201
618-271-9140
618-398-0688 tty

Legal Assistance Foundation of Chicago
111 West Jackson Blvd.
Chicago, IL 60604
312-341-1070
312-431-1206 tty

Prairie State Legal Services
975 North Main Street
Rockford, IL 61103
800-892-2985
815-965-2902
815-965-5114 tty

West Central Illinois Legal Assistance
700 East Oak, Room 202B
Canton, IL 61520
309-647-4547

Will County Legal Assistance
63 W. Jefferson St., Suite 102
Joliet, IL 60435
815-727-5123

Be Informed

You will need to know your rights to fully participate in the decision making and funding process. Consider asking these questions:

- What requirements exist for this program?
- Are reevaluations, training, follow-up and repair included in funding considerations?
- If I get an assessment, will you consider appropriate assistive technology?
- Who makes the decision to fund or purchase an assistive device?
- Are those funds limited?
- Are funding policies available in writing?
- What legislation governs this program?
- Is there an appeal process? If so what is it?

No matter what funding source you're approaching, verify that your request is appropriate and necessary. How?

In God we trust... Everyone else must document!

Get an evaluation

Many funding sources require validated proof that you need the equipment or services. A certified professional -- doctor, therapist or treatment center -- can supply the proof. They can also help you decide what device(s) and services are right for you. IATP has two TECH-NOTES that may be helpful: "The Right Stuff . . . How to Choose Appropriate Assistive Technology" and; "The Pros from Dover . . . Using 'Experts' to Justify an Assistive Technology Need." (Appendix I)

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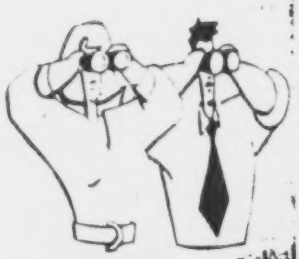
Keep all logs and documents.

Keep all logs and documents about your search for financial help. . . that includes all applications, medical reports, therapists' reports, diagnostic evaluations, school evaluations, etc. Never send anyone the original document unless the funder absolutely requires it. Instead make copies. Keep your papers on-hand as you move through the system. It will save you an unimaginable amount of time and effort.



Your willingness to search increases your chances of success.

Document, Document, Document More

In addition to the "paper trail," keep track of all the telephone calls. Log the date and to whom you spoke about your request. This too will come in handy when going after your initial request or appeal. A doctor's prescription and a letter describing your need, will go a long way in making your case. Other helpful information includes:

- an outline of your functional skills;
- how using AT will improve your skills;
- how the device meets your needs;
- A description of the device, its features and cost; and
- a photograph or catalog picture.

Keep a file of all information related to the device.

Appeal

If a funding source denies your request . . . appeal it. Don't think it's the end of the line. Appeals are quite common and nearly every funding source has an appeal procedure. Ask that they reevaluate your case. Assistive technology appeals are often successful.

Appeals demand precise written proof to support your claims. Keep copies of all letters and telephone notes related to your case. First find out why they denied your request . . . lack of funds or information? If it is the latter, find out what they want, and submit it quickly. United Cerebral Palsy Association's paper on common excuses for denying technology can help you. (Appendix III)

Developing a Funding Strategy

What is Assistive Technology?

Assistive technology is any piece of equipment that helps you increase, maintain or improve your valuable capabilities. Assistive technology service means any service that helps you choose, get or use a device. It can be mechanical, electronic, manually operated, computer-based, or specialized materials. It may help you learn, create accessible environments, succeed at work, be more independent, or improve your quality of life. Assistive technology can level the playing field. It can increase your level of independence, productivity and integration into the community

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The Search for Funding

Ask someone to lend you a hand as you go through the process.

Finding a way to pay for assistive technology is the major obstacle to getting and using it. It is possible that several funding sources can help. It depends on their requirements and your situation. Finding the right funding agent and getting a "yes" is rarely easy. It takes effort and resolve. Get ready. Your success is directly related to your persistence, attention to detail and how well you understand the bureaucratic process.

There is no one right way to get assistive technology funded. Finding the right source(s) depend on many factors:

- Age
- Specific diagnosis or disability
- Education or employment status
- Impact of the assistive device
- Where you will use it
- Insurance coverage
- Income
- Geographic location, etc.

Develop a funding strategy that includes finding sources and ways to convince them will improve your chances of success. Use the steps below.

Steps to a Funding Request

Step one:	Define the need(s).
Step two:	Identify the equipment and/or services needed.
Step three:	Determine if alternative equipment will meet the need.
Step four:	Determine funding sources.
Step five:	Document need(s) & secure prescriptions/ justification.
Step six:	Collect and submit the required paperwork.
Step seven:	Authorization.
Step eight:	Search for co-payment options.
Step nine:	The appeals process.

The next few pages examine each step and offer specific suggestions to improve your chances of getting a "yes."

Step one: Define the need(s)

This step involves naming the areas in which technology can help you. You probably already have some idea about where assistive technology can give you greater access to society. You need to be able to describe that need in order to begin.

Focus on your functional needs. What do you want/need to do that you cannot currently do? Will you be better able to do it with some change in the environment or with a device? What have you tried before and why did it fail?

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Step two: Identify the equipment and/or services needed.

Once you identify your need, you must find the assistive technology and related services to fill this need. These specific recommendations usually come from the professionals (physicians, physical therapists, occupational therapists, speech pathologists, etc.). They may come in a written evaluation, a medical prescription, or some other form the funding source requires. Some likely funding sources like Medicaid and Medicare only purchase equipment from Durable Medical Equipment (DME) dealers that sign up to be vendors. If you plan to use them, you'll need to find an approved dealer. Some questions to ask at this step are:

- What assistive technology will let me do what I want/need to do?
- Where can I get it? How much does it cost? Is renting better than buying?
- How do I get the prescription, training and follow-up services I need?
- Who can help justify the medical necessity (or provide other information the funding source requires)?
- What kind of help will the vendor or manufacturer provide?
- Can I get a case manager to help me? If so, how?
- Who else can I get help from?

Step three: Determine if alternative equipment will meet the need.

Funding sources look more favorably on requests for Fords than Cadillacs. See if a lower cost option will work. If you can show that you've looked around and made a wise choice the likelihood of a "yes" is better. Be prepared. It accelerates the process.

Charges must be at a reasonable and customary rate. Funders want to know the device is cost effective. How can you know? Ask the following questions:

- Would making this device be cheaper than buying it?
- Can I get it from an "equipment loan closet" or library?
- Is the cost reasonable compared to its benefit?
- Does it cost more than other options?
- Does the item serve the same purpose as another device already available to me?

If no other device meets your particular need, be sure to document it. However, do not let the cost of a device prevent you from asking for the right device, or adaptation. Ask for what will do the job adequately. Ask for a good solid Chevy, something that will do the job. Don't ask for a Mercedes. Matching technology and need in a responsible way is one key to success.

Make a list of likely sources and rate them on a "most likely to pay" scale.

Step four: Determine funding sources.

Now that you know what you need, start looking for funding sources. You may choose to pay for it yourself and avoid the bureaucracy. However, if you cannot, there may be public agencies whose purpose is to help, or private organizations willing to assist.

- Will private insurance pay for technology? It depends on your policy and each policy is different. Get to know your insurance policy, what is says, what it excludes and its definitions. [1]

- Are you eligible for public funding? If so, from what agencies? Do these agencies restrict what they pay? Does your particular disability qualify you for their services?

- The Americans with Disabilities Act (ADA), requires employers, state agencies, local businesses and public places be open to everyone. They must provide a "reasonable accommodation" for people with disabilities to use them. The mandate includes post-secondary educational institutions that receive federal funds.

- Will private sources help? There are many, but they are hard to find and even harder to approach. Keep in mind, private sources can have narrow eligibility requirements and limited funds.

- Can you get a personal loan for the technology? Can you afford it? Perhaps you could use a loan if all the public wells run dry. Unfortunately, it's a rare victory, to get a bank to finance assistive technology. However, the Illinois State Treasurers Office operates the "Ready Access Program." It makes low-interest loans to people with disabilities and families for assistive technology and/or home or vehicle modifications. [2]

Look for and accept support.

Make a list of most likely funding sources and then rank them on a scale of "most likely to pay." Then if your primary choice leaves you empty handed, other options await. Be well-prepared; with choices, documentation, and determination.

Ask for help if you need it. Ask your Durable Medical Equipment (DME) dealer [3], case manager, social worker, case worker, health care professional, or one of the professionals that assessed your need. Use all supports available.

At this stage ask these questions:

- Was the agency/person helpful before? Did I get what I needed? Did problems arise? Do I have a contact person?
- Is more than one funding source available? [4]
- Will a vendor be my advocate and provide pre-approval and billing services?
- Where can I turn for hints and suggestions?

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- Will the device or service let me get or continue employment? [5]
- Can I live more independently or improve my overall health? [6]
- Can I get copies rules, mandates or policies from the sources? [7]
- Can two different funding sources coordinate payment to equal or approach the total cost?
- Will workers' compensation insurance pay for the device?
- Did this need occur because of an auto accident or negligence? Will someone else's insurance cover the device?
- Can local civic/charitable organizations, foundations or associations help me raise the money?

Traditional sources that provide funding for assistive technology are in a period of adjustment and are clearly nervous about setting a precedent. If a device you need is new to the market, the funding source will likely take a conservative "hands-off" stand. Plan your strategy with that in mind. Show patience and respect when dealing with a possible funding source.

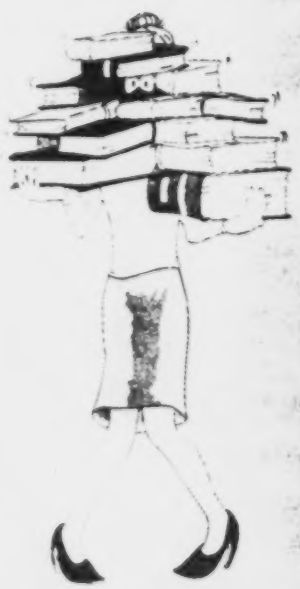
Incorporate these hints into your relationship with potential funders:

- Be polite and pleasant, and always business-like.
- Write down all communication and keep a copy for yourself.
- Follow-up phone calls with a written summary of the conversation.
- Stay connected. Do not permit long gaps between contacts.
- Direct all your letters or calls to the same person.
- Cooperate. Be willing to provide proof of medical necessity (or other funding mandate) and how the technology will benefit both you and the funding source.
- Educate and inform. Be assertive. Emphasize the long-term benefits to the funding source.
- Never threaten legal action, unless you know they are discriminating against you. This is an often-heard threat and certainly does not intimidate any agency or insurance company.
- When someone (a case manager, therapist, Durable Medical Equipment (DME) dealer, etc.) goes out of the way to help, express your sincere thanks and appreciation.
- Thoroughly document all written and verbal communications.
- Remain patient and gracious. At the same time, be determined and brave.
- Document, document, document. [8]

Step five: Document the need(s) and secure necessary prescriptions and other justification.

Now it's time to document your need. It is one thing to know that you need assistive technology; it is another thing to prove that need to someone else. Let professionals develop this documentation . . . a teacher, speech therapist, physical therapist, occupational therapist, assistive technology technician, or a rehabilitation engineer. You may need information from a combination of professionals. Check the rules.

Did we mention that it's a good idea to document?



You must demonstrate and document your need. Below is a list of common supportive materials that most funding sources require:

- Physician's prescription (equipment, device and/or services). Medicare, Medicaid and other medically oriented sources require you to meet its interpretation of medical necessity to get approval for the device. [9] The physician must provide a signed prescription. Funders may also require the physician to write a letter explaining the medical necessity.
- Letters of medical necessity from other professionals involved in the case (physical therapist, occupational therapist, speech therapist, etc.).
- General information about your functional status, medical diagnosis or other specific information.
- Literature about the device with details of how it helps you.
- Observations about your functional skills without the device and how it will improve with it.
- Reasons why the device is the least costly alternative to get the desired result.
- Details of particular situations where your health/life were in jeopardy because you didn't have the device or service.
- Equipment specifications including cost and photograph or catalog picture.
- A photograph showing how it helps (optional).

Other material might include:

- Your age, disability, employment status, income level, etc.
- Family status including parents, children, family physician, etc.
- Other insurance coverage.
- Your level of education, including the highest grade level reached, special education service, etc.
- A list of other services you receive.

Step six: Collect and submit the required paperwork.

The case manager, DME dealer, or advocate will typically gather and complete all the paperwork. Be closely involved, and remain closely involved. Know what you need and include all the information on the first request. Some sources might ask you to resubmit your request with changes, particularly on expensive items.

If the request meets all the necessary requirements and you have submitted all the necessary paperwork, you can now wait for the decision.

Step Seven: Going for the approval.

The funding sources' rules determine how you will learn of its decision. Find out how they notify before you submit the paperwork. Medicaid/ Public Aid sends a "prior approval form" to the vendor who submitted the claim. Schools pay once the child's IEP team lists it on the Individualized Education Program.

When everyone knows the game plan, everyone speaks in a unified voice.

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Step eight: Search for co-payment options.

Do you have an option if the funder does not approve the total cost? If you must pay for a portion of the assistive technology, where will it come from? Can you get a personal or home equity loan? Typically, private insurance companies will not cover devices if a public agency has the mandate to purchase.

Insurance companies do not pay the entire amount, eighty percent is typical. If you cannot afford the co-payment, look for private community and charitable organizations.

Dot your "I's" and cross your "T's."

Step nine: The appeals process (. . . and what if they say no?!).

If you get a denial . . . appeal! It is a fairly common practice in the assistive technology field. Funding sources don't know about assistive technology. They don't approve things that they don't know about.

Find out if they denied your claim because they lacked information or money. If they need more information, find it and send it in. Make sure it gets in the right hands, don't leave it to chance. If you don't have an advocate yet, this is a good time to ask for one.

Appeals are time-consuming. Hunt for ways to shorten your wait. Respond quickly to requests for information, sign where you should, keep copies of EVERYTHING, dot your "I's" and cross your "T's."

It's frustrating to hear that the thing you need is "not medically necessary" or "not covered." Remember, traditional funding sources are conservative. To dodge this bullet, make sure you satisfy the definition of medical need ***as defined by your provider***.

New technologies enters the market at a much faster rate than the funds to pay for them; it's costly to develop new and innovative technology. Funding sources often deny new innovations hoping to avoid setting a precedent. It is discouraging . . . but persistence pays and squeaky wheels do get greased. The more you push, the more likely you get what you need.

Do not give up. Keep trying. Prove to them it is part of their mandate to you, that the device helps you, and it is a cost-effective choice.

Unless you're asking for something they purchase on a regular basis, it won't be quick or easy. Challenge their decisions. Make them prove to you that it's not covered, not the other way around. Everyone has the legal right and responsibility to advocate for him/herself. Start today.

Working with State Agencies

If a state or federal agency declares you ineligible . . . appeal. All government agencies have an appeals procedure. Mid-level managers and other "higher-ups" will review your request. Every set of eyes looking at

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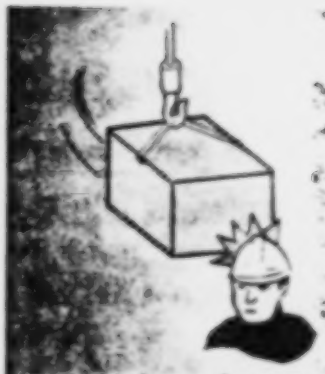

Don't be too hasty to settle your Workers' Compensation Claim.

your request increases your chances for a positive response. Prepare yourself to work with state agencies by asking:

- Will this device give me the tools to enter employment, receive vocational training, live more independently, or otherwise improve my independence and integration in society? You already did this in your initial request. Now look for ways to strengthen it.
- Do the agency's guidelines specifically exclude the device? Have they ever purchased a like device in a like case? If so, they set a precedent, and will eventually have to honor your request.
- Do you meet the agency's financial requirements and other criteria? If you do not, an appeal won't help. However, if you have information that would prove your eligibility, your chances dramatically improve.

If you applied for Vocational Rehabilitation Services, the Client Assistance Program is specifically designed to help you with an appeal. People with developmental disabilities and/or mental illness can look to Equip for Equality for help.

Don't forget to contact your state and/or federal legislators about your problem with a state agency. They will check into your situation to see if your complaint is legitimate. You are part of their constituency; they want you to be happy. At the very least, you may get another hearing with the agency. Contact your county clerk's office for the names and addresses of your state and federal office holders.

Workers' Compensation Claims

If a work-related accident or illness caused your disability look for funding through your employer's workers' compensation insurance carrier. Workers' Compensation is a mandatory program that covers employees for medical and disability expenses that occur from a job related injury or illness.

Don't be too hasty settling your claim. If the injury caused a permanent disability, worker's compensation carriers usually want to settle the claim as soon as possible. Take all the time necessary to let the ramifications of your disability become clear to you. Let the insurance personnel know that you will not settle the claim or sign any waivers/releases until there is ample medical evidence that the disability is permanent and unchanging. If an attorney becomes involved, make sure (s)he understands why you need certain assistive devices and supports associated with them. Get to know the structure and terminology related to worker's compensation benefits.

Any injured employee is entitled to all necessary medical care. Where necessary, the employee is also entitled to receive appropriate physical, mental or vocational rehabilitation (including assistive devices) and even permanent disability benefits.

For more information about compensation benefits, claims, settlements and

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the hearing process, contact:
Industrial Commission of Illinois
100 W. Randolph, Suite 8-200
Chicago, Illinois 60601
312-814-6611

Industrial Commission of Illinois
701 South Second Street
Springfield, IL 62704
217-785-7084

Central Building
101 S.W. Adams, Suite 240
Peoria, IL 61602
309-671-3019

Rockford State Office Building
200 S. Wyman
Rockford, IL 61101
815-987-7292

For worker's compensation involving an employee of the federal government, contact: U.S. Department of Labor, Office of Worker's Compensation, Chicago Division, Chicago, IL 60606, 312-353-5656

Private Disability Insurance

Disability insurance protects someone unable to work due to injury or illness. Some employers provide disability insurance through group insurance plans. A person can also purchase an individual plan.

Disability policies can vary greatly. The typical policy provides a percentage of the pre-disability income for a specified period of time and under specified circumstances outlined in the insurance policy. How much and how long is spelled out in the policy.

The insurer's goal is to return the policy holder back to work as quickly as possible. This creates a built-in incentive to consider assistive technology. You'll need to prove why it is cost effective. Insurance companies often have rehabilitation counselors work closely with you, your employer and physicians. They can arrange for specialized assistance/equipment and coordinate vocational rehabilitation services, all in an effort to return you to work as quickly as possible.

If they have one, people often turn to their individual or group health insurance plan as a funding source. These health plans may not voluntarily notify you if you completed a form incorrectly . . . ask and check if you get a denial. Assuming everything was correct, ask for an administrative review by a staff physician or nurse. Remember though, they get their paychecks from the insurance company and may be hesitant to say yes to you. Or, they may not know about the device, how it helps you stay healthy or employed. Ask that a specialist in rehabilitation medicine review your claim.

Know what you're buying . . . Disability policies vary widely.

If your insurance carrier is not responsive, file a complaint, contact
Illinois Department of Insurance
Consumer Services,
320 West Washington
Springfield, IL 62727
217-782-7466

Summary

Persistence is your most valuable tool. If you believe you are entitled to the technology, ***DO NOT GIVE UP!***

Use the nine steps to develop a comprehensive strategy for funding assistive technology. Appendix II provides examples of medical necessity criteria, checklists, worksheets and sample forms and letters.

Part II provides specific information about Illinois funding sources that pay for assistive technology.

The process is difficult, prolonged and frustrating without the right information and tools. This directory can help set you on the right path.

Endnotes

1. See "Persistence Pays . . .Getting A "Yes" From Your Insurance Company" in Appendix I.
2. See Part II, page 60 for Ready Access Information
3. The vendor stands to make money. He/she should be willing to help.
4. Part II contains contact information and eligibility requirements for common funding sources.
5. This is a prerequisite for funding from Vocational Rehabilitation.
6. Some sources make you prove this benefit.
7. Medicare, Medicaid, Blue Cross/Blue Shield, HMO, etc.
8. See Appendix II for checklists and forms to help you document.
9. Medical Necessity exists when the item is a part of the physician's course of treatment and when a physician is supervising its use directly. A therapist or other appropriate individual can deliver the treatment, but the treatment has to be prescribed by a physician.
10. Definitions differ from company to company and policy to policy. Read the rules (or policy) regarding your coverage . . . know their definitions.
11. These programs are listed earlier under "Advocacy", page 3)

Now that you know the rules. On your mark . .

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Part Two
Assistive Technology Funding Resources

Community Care Program

Community Care Programs are designed to provide home and community-based services to the frail elderly who would probably face institutionalization without these services. The Community Care Program, which includes nursing home pre-admission screening, offers alternatives to inappropriate nursing home placement. This program provides case management, homemaker, senior companion and adult day care services.

Community Social Service Program

These services consist of a variety of services based on the community in which you live. These can be: case management, escort, individual needs assessment, information and referral, outreach, transportation, choices for care assessment, friendly visiting, home delivered meals, home health, homemaker, in-home respite, residential repairs and renovation, telephone reassurance, congregate meals, counseling, health screening, housing assistance, legal assistance, multipurpose senior center, nutrition education, recreation

The State has a Medicaid Waiver for the Community Care Program which allows partial reimbursement for services provided to eligible persons through the program. Approximately one-third of the participants in the Community Care Program are Medicaid eligible.

Title III and General Revenue Funds, fund the community Social Service Program.

Income screening cannot be used to determine eligibility.

Illinois Department on Aging

421 East Capitol Avenue #100
Springfield, IL 62701-1789

Senior Helpline
800-252-8966 or Local Case Coordination Unit (CCU) (see appendix)

Who is Served:

- Persons 60 years and older.
- At risk of institutionalization. (Community Care Program)
- Greatest economic or social need with special attention to low-income, minority older persons. (Community Social Service Program)

Eligibility:

- 60 years and older.
- U.S. citizenship.
- Illinois resident.
- Non-exempt assets of $10,000 or less.
- Physician certification.

Application Process:

Contact the Senior Helpline or you local CCU.

Appeals Process:

Yes, contact the Department of Aging.

Job Training Partnership Act & Workforce Incentive Act

July 1, 2000 the Workforce Incentive Act (WIA) will replace JTPA programs.

IL Department of Commerce and Community Affairs
620 East Adams Street
Springfield, IL 62701

WIA – This spring, the Governor sign an executive order that will identify and designate the state agency responsible for the transition from JTPA to WIA.

Contact:

Local Illinois Employment Training Centers (See Appendix III)

Who is Served:

- People who are economically disadvantaged.

Eligibility:

- JTPA / WIA – Contact your nearest Illinois Employment Training Center (See Appendix III)

Application Process:

While these programs are in transition, please contact your local Illinois Employment Training Center.

Appeals Process:

While these programs are in transition, please contact your local Illinois Employment Training Center.

Job Training Partnership Act (JTPA) is a federally funded job training program for persons who are economically disadvantaged. Its programs include:

JTPA Adult and JTPA Youth On-the-job training, job search assistance, occupational training, basic skills training, skill level service need assessment, alternative high school services and other job training related services enhance people's ability ability to find and maintain employment.

JTPA Summer Youth program prepares young people to enter the labor force during the summer. Activities include work experience, employment training, remedial education, counseling and support services.

EDWAA programs offer dislocated workers readjustment services, support services and or retraining services that assist an individual in transition to new employment.

Assistive technology can be purchased for eligible participants when it is necessary to achieve vocational goals.

Workforce Investment Act (WIA) *(effective July 1, 2000)*
On August 7, 1998, President Clinton signed into law the Workforce Investment Act of 1998 (WIA). This legislation replaces the Job Training Partnership Act (JTPA) and the Wagner-Peyser Act. The WIA also contains the Adult Education and Family Literacy Act (Title II) and the Rehabilitation Act Amendments of 1998 (Title IV).

The goal of WIA is to consolidate, coordinate, and improve employment, training, literacy, and vocational rehabilitation programs which will in turn improve the quality of the workforce and reduce welfare dependency. The purpose of Title I of WIA is to meet the needs of both job seekers and employers by providing employment and training opportunities and creating a pool of qualified applicants.

The key feature of Title I of WIA is One-Stop service delivery which integrates numerous training, education, and employment programs into a single, customer-friendly system where job seekers can access a broad range of employment related services in a centralized location. In Illinois, there are currently 56 One-Stop Centers also known as Illinois Employment and Training Centers (IETC). Anyone, including persons with disabilities, in need of job search assistance or training can use the One-Stop Centers.

There are four types of services offered at the One-Stop Centers: core services, intensive services, training services, and supportive services. There are no eligibility requirements to receive core services. However, there are eligibility requirements to receive the other services offered. Contact the nearest IETC to find out more about the services you would qualify to receive.

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All children and youths with disabilities have the right to a free, appropriate public education, as mandated under the Individuals with Disabilities Education Act (IDEA). Special education services must be available to meet the unique educational needs of every child with a disability, whether the child lives at home, in a foster home, in a group home, in a state institution, in a private residential school; attends public, private or parochial school; is in a hospital; is confined to home due to a disability; or is placed in a private school by a state agency.

The priority is to provide services first to those disabled children not receiving any education (including identification, location and evaluation of these children); and secondly to those disabled children with the most severe needs in each disability group who are receiving an inadequate education.

Special education services are provided in accordance with an Individualized Education Plan (IEP) which is a listing of all special education and related services needed by each child with a disability. The IEP identifies the special education needs and related services required to meet the student's unique educational needs. Assistive technology must be considered as part of the process of developing a child's IEP as expressly stated in a 1990 amendment to federal regulation. The needs of the child must drive the IEP process, whether or not the program, service, or device currently exists in that setting.

If a child with a disability requires assistive technology devices or services, or both, in order to receive a free appropriate education, the public agency (i.e. the local school district) must ensure that these services are made available to that child. Determination of whether a child with a disability requires assistive technology devices or services must be made on an individual basis through the IEP and placement procedures.

Special education must be provided at no cost to the family.

Program Compliance Division

Illinois State Board of Education
100 North First Street
Springfield, IL 62777

Contact:
217-782-5589 or Local School District

Who is Served:

- Children with disabilities age 3-21.

Eligibility:

- A child must be found to have a specific impairment which has an adverse impact on his/her educational program.
- The adverse affects are so severe that implementing accommodations is insufficient.
- Child must need special education and related services to benefit from his/her educational program.

Application Process:

Referral to local school district. Referral can be made by parents, doctor, community service providers, etc.

Appeals Process:

Yes, contact the State Board of Education or Advocate for process.

Chapter 1, P.L. 89-313

Illinois State Board of Education
Department of Special Education/Program for Children with Disabilities
100 North First Street
Springfield, IL 62777

Contact:

217-782-6601

Who is Served:

- Children with disabilities age 3-21.

Eligibility:

- Children with disabilities, whose free public education is the responsibility of the State.

Application Process:

Same as for Special Education.

Appeals Process:

Yes, contact the state board of education for the process.

The Chapter I Program (P.L. 89-313) for Children with Disabilities provides financial assistance for children with extraordinary needs who are enrolled in state-operated or state-supported schools. These funds are intended to be used to supplement existing special education or early intervention programs for eligible children. State agencies and state-supported, state-operated schools for children with disabilities are eligible for these funds. Local school districts may also participate on behalf of children who were formerly enrolled in state-operated or state-supported schools, and who are now participating in appropriate special education programs at the local level.

Chapter 1, P.L. 89-313 funds cannot be used to pay for basic services; rather, funds are to be used to provide for the special needs of children with severe disabilities. Funds provided through this program may be used for staff salaries; acquisition of equipment; instructional materials; telecommunications, sensory, and other technological aids and devices; and training in the use and provision of assistive devices and other specialized equipment.

Under the oversight of the Illinois State Board of Education, the Carl D. Perkins Vocational and Technical Education Act of 1998 provides federal funds to secondary and post secondary vocational education programs. It is a reauthorization of the earlier Vocational-Education Act and went into effect July 1, 1999.

The primary intent of the Act is to improve academic and occupational competence of all segments of the population enrolled in vocational-technical education programs with primary emphasis being placed on special populations of students. Individuals who are members of special populations must have equal access to the full range of vocational-education programs. The Act specifies special populations as students with disabilities, academically or economically disadvantaged, limited English speakers, single parents and non-traditional students.

Students with disabilities are defined by the same categories as those for the special education program and/or American's with Disabilities Act. This Act goes beyond special education criteria to also include those students who have hidden disabilities (diabetes, heart condition, severe asthma, etc.) Vocational programs for individuals with disabilities are to be provided in the least restrictive environment and are to be consistent with the student's Individualized Educational Program. Equipment modifications and instructional aids and devices can be provided to these students as supplementary services.

Vocational education planning for individuals with disabilities must be coordinated between the appropriate representatives of vocational education, special education and vocational rehabilitation agencies.

Supplementary services may be provided to disabled students in career and technical programs. These services can include curriculum, equipment and classroom modifications, supportive personnel and instructional aids and devices.

Carl D. Perkins Vocational and Technical Education Act of 1998

Illinois State Board of Education
Center for Business, Community and Family Partnerships
100 N. First Street
Springfield, IL 62777

Contact:

217-782-3370

Who is Served:

- Students enrolled in vocational education programs.

Eligibility:

- Students with disabilities, who are academically or economically disadvantaged.
- Limited English speakers.
- Single parents.
- Non traditional students.

Application Process:

Application for funds is coordinated through the secondary regional vocational system or through the local community college. The application is review and approved by the State Board of Education.

Appeals:

Yes, same as special education.

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Bureau of Early Intervention

Department of Human Services
623 East Adams, 2nd FL.
P.O. Box 19429
Springfield, IL 62794-9429

Contact:

Illinois Help Me Grow, 800-323-4759 v/tty, or, Child and Family Connections (CFC) (See appendix for listing).

Who is Served:

- Infants birth through 2 who are experiencing delays.

Eligibility:

- A delay in at least one of these areas: cognitive development; physical development, including vision and hearing; language and speech development; psycho social development; or self-help skills.
- Diagnosed with a physical or mental condition with a high probability of resulting in developmental delays.

Application Process:

Contact your local CFC for initial intake.

Appeals Process:

Contact your local CFC.

Illinois has a statewide, family-centered service system to find and help children under 36 months of age who have disabilities or developmental delays. These infants and toddlers are eligible through the Illinois Early Intervention Services System for special Early Intervention services defined in Part C of the *Individuals with Disabilities Education Act* (IDEA).

Families access the Illinois Early Intervention Services System through the Child and Family Connections (CFC) office which serves their local area. These regional offices provide intake service coordination, assist with eligibility determination and coordinate development of the initial individualized Family Service Plan (IFSP) which lists E.I. services needed by the child and family.

E.I. services are available statewide through a network of enrolled providers and include: assistive technology devices and services; audiology, aural rehabilitation and other related services; developmental therapy; family training and support; health services; medical services for diagnostic/evaluation purposes; nursing; nutrition; occupational therapy; physical therapy; psychological and other counseling services; service coordination; social work and other counseling services; speech language therapy; transportation; and vision services. Developmental evaluation, assessment, Individual Family Service Plan (IFSP) development and service coordination are available at no cost to families. Ongoing E.I. services are authorized and provided in accordance with the eligible child's IFSP in the most natural setting for the child and family. Families may be assessed a fee for some ongoing E.I. services based on ability to pay.

The Illinois Interagency Council on Early intervention (IICEI) was established by statute to advise and assist the lead agency. The Council and its subcommittees are composed of relevant state agency representatives, parents and providers. Local Interagency Councils on Early Intervention (LIC's) have been formed and give additional opportunities for parents and providers to give input on the system.

Head Start: Administration on Children, Youth and Families

Department of Health and Human Services
Washington, D.C. 20201

Contact:

Local Project Head Start (see Appendix III for listing) or Local School District

Who is Served:

- Children ages of 3 to 5.

Eligibility:

- A child who is mentally retarded, hard of hearing, deaf, speech impaired, visually impaired, seriously emotionally disturbed, orthopedically impaired or other health impaired.
- Require special education and related services.
- And, family is low income.

Application Process:

Contact the local Head Start Program for intake process.

Appeals Process:

No formal process. The parent can go to the Director of the program or to the Head Start Policy Council for review of the issue.

Head Start is a federally-funded program for preschool children from low income families. The program is based on the premise that children of low income families can benefit from a comprehensive developmental program which encompasses a variety of educational, health and social services. Head Start program services includes center-based, home-based services, and other variations in center attendance.

At least 10% of the total number of enrollment opportunities in a Head Start program must be made available to eligible children with disabilities. Children with disabilities enrolled in Head Start programs receive the full range of child development services required for all children. These include education, parent involvement, social services, and nutrition and health services (medical, dental and mental health). In addition to the full range of services provided to all children, special services, including equipment, materials or modifications of existing facilities, may be available for disabled children enrolled in the program. These types of support services may be provided through Head Start, through outside agencies, or through a combination of both. Head Start programs use non-Head Start resources whenever possible.

To ensure appropriate special services and optimal transition by disabled Head Start children into public schools, an Individual Education Plan (IEP) is developed for each child by the diagnostic team, parents and teacher. The IEP reflects the child's participation in the full range of Head Start services and also describes the special education and related services needed to respond to the child's disability. The IEP spells out classroom activities, involvement of parents and special services provided by Head Start or other agencies. The plan is developed in conjunction with the diagnostic team, the parents and the child's teacher.

Medicare Part B

Wisconsin Physicians Service
P.O. Box 4433
Marion, Illinois 62959

Contact:

Local Social Security Administration Office
(see appendix for listing)

Who is Served:

- Persons 65 or older.
- Certain disabled people.

Eligibility:

- Eligible persons who are 65 years and older.
- Those under 65 who have been entitled to Social Security disability benefits.
- Received Railroad Retirement disability benefits for more than 24 months.
- Individuals with end-stage renal disease.
- Certain disabled government employees.

Application Process:

Contact your local social security office.

Appeals Process:

Yes. Contact Medicare or refer to you Medicare handbook for the process.

Medicare is a federal health insurance program administered by the Health Care Financing Administration.

Part B (Medical Insurance) helps pay for doctors' services, outpatient hospital services, durable medical equipment and a number of other medical services and supplies.

Medicare pays only for care that it determines is medically necessary. Medicare recipients may also be eligible for Medicaid benefits. Medicaid pays the Part B insurance premiums plus the coinsurance and deductible amounts and other charges covered by Medicaid but not covered by Medicare. In cases of crossover, Medicare regulations apply.

Medicare Part B covers the rental or purchase of durable medical equipment (DME) if: the equipment meets Medicare's definition of DME; the equipment is used in the home; and the equipment is necessary and reasonable for the treatment of the patient's illness or injury or to improve the functioning of a malformed body member.

To be considered durable medical equipment, the equipment must be able to stand repeated use, must primarily serve a medical purpose, must not be useful to people who are not sick or injured, and must be appropriate for use in the home. A beneficiary's home may be his own dwelling or apartment, a relative's home, a home for the aged, or some other type of residential institution. However, an institution may not be considered a beneficiary's home if it meets Medicare's definition of a hospital or skilled nursing facility.

Prosthetic devices (other than dental) that replace all or part of an internal body organ or replace all or part of the function of a permanently inoperative or malfunctioning internal body organ, including replacement of such devices, are covered when furnished under a physician's prescription. In general, sensory aids, communication devices, environmental control units, items considered educational, and self-help or convenience items are not covered.

Family Assistance and Home Based Support Services Program

The Family Assistance and Home-Based Support Program provides individually tailored service packages to eligible persons in order for them to remain in their own homes and to prevent unnecessary separation from their families. This program funds the special goods and services that are needed to provide appropriate treatment and care for persons with severe mental illnesses or developmental disabilities. This new initiative is divided into two parts: Family Assistance and Home-Based Support. The Department's ability to accept new applications for this program is limited by annual appropriations.

Home-Based Support (HB)

The Home-Based program is for eligible individuals over the age of 18. The program participants and their designated agency representatives work together to design a service plan which will meet their specials needs. Goods and services can be purchased from providers chosen by the program participant with the agency's approval. A range of services defined in the service/treatment plan where such services may include home health, service facilitation, crisis management, personal care services, etc. Funds can't be used to pay for services that are already being received or for those services that another agency is required to provide.

Family Assistance Program (FAP)

The Family Assistance Program provides a monthly cash stipend to eligible families for the expenses associated with keeping a developmentally disabled child 17 years of age or younger at home. The child's parent determines how this money is to be spent; there are no restrictions. There are very few restrictions on how this money is spent other than at the end of the year, the parent must sign a written statement verifying that the money was used to meet the special needs of the family. Therefore, assistive technology can be purchased with these funds.

Department of Human Services
Disability and Behavioral Health Services
401 South Spring Street
Springfield, IL 62765

Contact:

Gloria Heggy
217-782-8834

Who is Served:

Children and Adults diagnosed with:

- Severe autism
- Mental Illness
- Severe profound MR.
- A combination of severe & multiple disabilities.

Eligibility:

- Illinois Resident (HB/FAP).
- Reside or will reside in own home (HB).
- Eligible/applied for SSI (HB).
- Need support services but not 24 hour supervision (HB).
- Less than $50,000 annually (FAP).

Application Process:

Apply annually.

Appeals Process:

Yes, contact DHS for process.

Home and Community-Based Services for Adults with Developmental Disabilities

Department of Human Services
Office of Developmental Disabilities

Contact:

Pre-Admission Screening (see Appendix III for listing) or Marie Havens 217-524-7065

Who is Served:

- Adults with Developmental Disabilities

Eligibility:

- 18 years old or older.
- Resident of and living in IL.
- Mental Retardation (MR) or conditions attributable to CP., epilepsy, autism or any other condition closely related.
- Manifested before age 22, likely to continue indefinitely.
- Substantially limited in three or more major life activities.

Application Process:

Contact PAS Agent.

Appeals Process:

Yes, contact DHS.

The Department of Human Services administers the Home and Community-Based Services for Adults with Developmental Disabilities under a Medicaid waiver. The waiver allows eligible individuals who are assessed to need care in an Intermediate Care Facility for the mentally retarded (ICF/MR), including state-operated developmental centers, to be deinstitutionalized or to prevent them from having to enter an institution. The waiver will also be utilized to create vacancies in ICF/MR's so that eligible people with developmental disabilities who must or want to move from an Intermediate Care Facility or Skilled Nursing Facility may choose to move to an ICF/MR.

Waiver services are provided by DHS-approved community-based developmental services agencies. Services to be covered by the waiver are: residential and day habilitation, supported living, therapies, adaptive equipment, and minor modifications to the home. Room and board is excluded from waiver coverage. Room and board and other non-Medicaid eligible supports and services are funded by a combination of SSI, SSDI, individual resources and income, and state funds.

These services are available in a variety of programs and settings: Community Integrated Living Arrangements (CILA's), Community Living Facilities (CLF) and the individuals private home and other community setting.

Adaptive equipment and minor modifications to the home will be covered only when they are necessary to prevent institutional placement, to deinstitutionalize an individual or to allow the individual to participate in specialized services for people with developmental disabilities.

Adaptive equipment must also be cost effective in two ways. First, the items must be necessary to avoid the high Medicaid costs for institutionalization. Also, one time costs of many of the items will be offset by long-term reductions in ongoing or recurrent staff costs. Personal adaptive equipment must be prescribed by a physician and be written in the Individual Service Plan and approved by the interdisciplinary team.

Case Coordination Services

Department of Human Services
Office of Developmental Disabilities

Contact:

Local Case Coordination Unit
(see appendix for listing)

Who is Served:

- Children and Adults with Developmental Disabilities.

Eligibility:

- Developmental Disabilities such as MR or conditions attributable to Cerebral Palsy, epilepsy, autism or any other condition closely related to MR.
- Condition manifested before age 18 and is likely to continue indefinitely or for a lifetime.
- Must live in the geographic area served by the case coordination program.

Application Process:

Contact Case
Coordination Unit.

Appeals Process:

No.

The Department of Human Services Office of Developmental Disabilities of the DHS, provides case coordination services to eligible persons who have a developmental disability. Case coordination services are designed to help maximize the potential of persons with developmental disabilities for independence, productivity and community integration.

Persons suspected of having a developmental disability can receive diagnostic and evaluation services from a DHS-funded provider to determine if a disability exists, the degree to which it exists and to devise a plan for needed services. Case coordination programs can refer families to evaluation services.

DHS Developmental Disabilities case coordination services are provided through case coordination/Pre-Admission Screening agencies that are located throughout the state. Services include: assessment of service needs, development of an individualized service plan, arrangement for service delivery, coordination of delivery of services, advocacy with service providers, analyzing service network needs and follow-up services.

Case coordination services may also be provided through a variety of programs: a diagnosis and evaluation, early intervention (through the Office of Prevention), developmental training, residential programs, client and family support, Community Integrated Living Arrangement (CILA's), respite, vocational development, supported employment and supported living services.

Assistive technology may be available as part of the array of services for eligible participants in programs such as early intervention, CILA, Community Living Facility (CLF) and supported living services under the Waiver. The technology must be cost effective, promote involvement in community life, or be necessary for program participation for independence, productivity and community integration.

Medicaid Program

Department of Public Aid
100 South Grand Ave. East
Springfield, IL 62794

Contact:

Your local Public Aid office (see appendix for listing)

Who is Served:

- Low income families and people with disabilities.

Eligibility:

- Meet income guidelines and assets requirements.
- U.S. citizen or meet certain alien requirements.
- Resident of Illinois.
- Proof of disability.

Application Process:

Initial intake at local office.

Appeals Process:

Yes, contact your caseworker for appeals process.

Medicaid is authorized by Title XIX of the Social Security Act and provides medical care to eligible low income individuals defined as categorically and medically needy. It is an "entitlement" program which means it must provide services to all eligible recipients.

In order to be eligible for Medicaid, an individual must be a resident of the state and meet certain income and asset requirements. There is no age limitation. Medicaid is the payor of last resort which means all other funding options must be exhausted before Medicaid will pay for the service.

The Medicaid program provides the mandatory services required by Title XIX as well as optional services. Mandatory services include: inpatient and outpatient hospital services, skilled nursing facility services; physician services; home health care services; Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services and other laboratory and X-ray services.

Optional services in Illinois that are potential funding sources for assistive technology include durable medical equipment, occupational therapy, physical therapy, speech/language therapy and rehabilitation services.

Optional services are provided only when prescribed by the attending physician as medically necessary to remain at home or to function in the community. Prior approval by a physician consultant at the Department of Public Aid is generally required before optional services can be authorized for payment.

Public Aid does pay for augmentative communication devices for children and adults since December 1995.

Healthy Kids Program (EPSDT)

Department of Public Aid
201 South Grand Ave. East
Springfield, IL 62763

Contact:

Bureau of Managed Care
217-524-7107
or
Local Public Aid office
(see appendix for listing)
or
Office of the Ombudsperson
800-252-8635
800-526-5812 tty

Who is Served:

- Children.

Eligibility:

- Must be between the ages of 0-21.
- Must be Medicaid eligible.

Application Process:

Same as Medicaid.

Appeals Process:

Yes, same as Medicaid.

Early Periodic Screening, Diagnosis and Treatment (EPSDT)- also known as Healthy Kids- is one of the mandatory services required through Medicaid (Title XIX of the Social Security Act) and is available to persons between the ages of 0-21. The goals of the Healthy Kids Program are to improve the general health of children through early and periodic medical screening, diagnosis and treatment and to reduce the long term costs of medical care.

EPSDT provides for a series of periodic and intermittent basic health, vision, hearing and dental services. These services were expanded as a result of the Omnibus Budget Reconciliation Act (OBRA) of 1989. Medicaid-eligible children receiving services under EPSDT are eligible for any treatment services identified through the screenings regardless of whether these are covered services under the State's program. As long as they are *federally* reimbursable services, they must be provided by Medicaid.

The program provides the following medical services:

- Twenty-one periodic health screenings according to a specified schedule;
- Interim screenings as medically necessary;
- Appropriate immunizations according to Illinois Department of Public Health guidelines;
- Vision, hearing and dental services under a separate schedule;
- Laboratory tests and x-ray;
- Follow-up diagnosis and treatment of any abnormal condition identified during the screening.

Medical services are delivered to eligible children through individual medical practitioners, hospitals, community health organizations, Healthy Kids clinics, HMO's, and school districts (local education agencies).

Beginning April 1, 1990, services identified as a result of these screenings must be provided regardless of whether or not the services are included in the State's Medicaid Program, as long as they are federally-reimbursable services.

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Vocational Rehabilitation Services

Department of Human Services
Office of Rehabilitation Services
623 East Adams Street
Springfield, IL 62701

Contact:

217-782-2004, or, Local ORS Office (See appendix for listing)

Who is Served:

- People with disabilities age 14-65.

Eligibility:

- Physical or mental disability which results in a substantial handicap to employment.
- When the services may be reasonably expected to help that person gain employment.

Application Process:

Application is made through the local ORS office.

Appeals Process:

Yes, contact local ORS office. Customers can receive free assistance in their appeal from the Client Assistance Program (CAP) 800-641-3929 v/tty.

The Vocational Rehabilitation (VR) program is a federal/state program which assists persons with mental or physical disabilities, generally between the ages of 14 and 65 years of age, to prepare for, obtain and/or maintain competitive, supported or sheltered employment. Vocational Rehabilitation is available for any disabled person whose disability affects his or her ability to work, where full time homemaking may also be considered a vocation.

Once an individual is determined to be eligible, the VR program is responsible for providing one or more of four general categories of service: counseling and guidance, physical restoration, training, and post-employment services. These services are provided through 54 field offices statewide. Assistive technology devices and services may be a component of these services and can be provided if the need is documented in the Individual Plan for Employment (IPE).

The Individual Plan for Employment (IPE) is the new term for the Individualized Written Rehabilitation Program (IWRP), which gives more control to consumers in developing their VR plan for services. VR plans may now be developed by the individual or an outside advocate, as long as the document is signed by a qualified rehabilitation counselor. The language is strengthened concerning the obligation of state VR agencies to offer informed choice to clients about service alternatives available to them, including those provided by other organizations both inside and outside the state. Trial work experiences are encouraged as a way for agencies to evaluate whether potential clients will benefit from VR assistance.*

There are no residency requirements for VR services, but a client served by an agency from another state cannot receive duplicate services from ORS. A client who has moved from Illinois will continue to be eligible for services until the completion of services already authorized or until accepted by another state for services. A client may have to help pay for services based on a financial needs test.

The VR program is funded by both federal (Title I, Vocational Rehabilitation Act) and state funds. Because the demand for services exceeds available resources, the program operates under an "Order of Selection" which gives priority to the severely disabled. Individuals must be served in the following priority order:

a severely disabled individuals.
b non-severely disabled public safety officers.
c severely disabled public assistance recipients.
d all other non-severely disabled persons.

** This paragraph comes from National Council on Disability (http://www.ncd.gov/publications/policy97-98.html)*

The Supported Employment Program is a federally funded program through Title VI-C and Title I of the Rehabilitation Act. Extended ongoing funds for services come from the State General Revenue Funds. Assistive Technology purchased in the Supported Employment Program is funded by the Title I Vocational Rehabilitation Program.

The Supported Employment Program provides paid work, in an integrated work setting, with on-the-job training to assist individuals with the most significant disabilities who previously were considered too disabled to work in the community. The program involves the services of a job coach who remains with the employee on the job at no cost to the employer.

The services provided by this program include evaluation of rehabilitation potential, job placement, specialized training on the job, job coaching and long-term support services. Supported employment funds can be used for purchase of assistive technology when it will help a person to get or do a job. As in the Vocational Rehabilitation program, an Individual Plan for Employment (IPE) is developed by the counselor and the customer, specifying goals, objectives and services needed to accomplish those goals.

Supported Employment Program

Department of Human Services
Office of Rehabilitation
618 East Washington St.
Springfield, IL 62794

Contact:

217-785-7747
or
Local ORS Office
(See appendix for listing)

Who is Served:

- Individuals with significant disabilities.

Eligibility:

- Has not worked, or has worked only intermittently, in competitive employment.
- Determined by an evaluation of rehabilitation potential to be eligible for VR Services Program.
- Needs ongoing support to perform competitive work.
- Ability to work in a supported employment setting.

Application Process:

Application is made through the local ORS office.

Appeals Process:

Yes, contact your local ORS office or CAP.

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Bureau of Blind Services Vocational Rehabilitation - Title I

Department of Human Services
Office of Rehabilitation Services
623 East Adams Street
Springfield, IL 62794

Contact:

217-785-3887
or
Local ORS Office
(See Appendix for listing)

Who is Served:

- Persons who are blind and or have severe visual impairments.

Eligibility:

- Disability results in a substantial handicap to employment.
- Reasonable expectation that the individual can benefit from services to achieve an employment outcome.

Application Process:

Application is made through the local ORS office.

Appeals Process:

Yes, contact your local ORS office or CAP.

Vocational rehabilitation services for persons who are blind or visually impaired are provided through the Department's Bureau of Blind Services (BBS). This specialized VR program is part of the Department's overall federal Vocational Rehabilitation program.

Rehabilitation counselors with special expertise in working with blind and visually impaired persons are located in 20 field offices throughout the state. BBS counselors directly provide or authorize the purchase of services such as evaluation, testing and diagnostic services, vocational counseling, training, physical and/or sensory restoration, rehabilitation engineering, job placement and follow-up.

Rehabilitation counselors work closely with clients to develop a service plan that will help them to reach their vocational goal. In many cases, rehabilitation instructors work with the counselors to provide services relating to daily living, mobility, and adaptive techniques when needed.

Assistive technology devices and services are a specific component of vocational rehabilitation services and can be provided if the need is documented in the Individual Plan of Employment (IPE).

Vocational rehabilitation clients may be required to financially participate in their prescribed program. The financial analysis is based upon the net income available to the customer.

Customers are informed at the time of application of ORS policy on financial participation. A Financial Analysis Form will be completed by the counselor prior to the completion of the IPE, should services requiring possible financial participation be anticipated.

Through the Community & Residential Services for the Blind and Visually Impaired program, rehabilitation instructors provide services to blind and visually impaired persons whose goals range from employment to developing independent living skills. Rehabilitation specialists provide these services at ICRE-Wood or in a customer's home.

These services are available statewide and may include, but are not limited to, intake and diagnostic evaluation, home adaptation, daily living skills, mobility training, communication skills, counseling and adjusting to one's vision loss and referral services to other professionals. Training in computer technology and use of adaptive aids for low vision assistance are also provided.

Customers receive services and training in accordance with an Individual Plan of Employment or Services. There is no cost to an individual for instructional services provided through this program.

If adaptive aids are recommended by a vision professional, a financial needs test is done and the equipment is purchased by BBS, the customer or participation by the customer and BBS.

Community & Residential Services for the Blind and Visually Impaired

Department of Human Services
ORS Bureau of Blind Services
623 East Adams
Springfield, Illinois 62794

Contact:

Local ORS Office
(See appendix for listing)

Who is Served:

- Persons who are blind and or have severe visual impairments.

Eligibility:

- Functional loss in daily living activities, mobility, communication, and/or a substantial work limitation.
- Have sufficient mental and physical health to benefit from services.
- The individual must benefit from services to achieve an employment outcome.

Application Process:

Application is made through the local ORS office.

Appeals Process:

Yes, contact your local ORS office or CAP.

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Vending Facility Program

Department of Human Services
Office of Rehabilitation Services/
Bureau of Blind Services
623 East Adams Street
Springfield, IL 62794

Contact:

217-785-3887
or
Local ORS Office
(See Appendix for listing)

Who is Served:

- Persons who are legally blind.

Eligibility:

- U.S. citizen.
- Customer of BBS VR program.
- Business and or work experience preferred.
- 21 years of age.

Application Process:

Contact your local ORS office.

Appeals Process:

Yes. Contact your local ORS office and/or CAP.

The Vending Facility Program provides employment opportunities in a variety of settings including private business and government offices, cafeterias, community colleges food services, gift shops, snack bars, vending machines, roadside rest areas, and other business operations for persons who are legally blind.

Approximately 10-15 candidates are accepted into the training program each year. About 60% of the trainees successfully complete the training program and become eligible for job placement as certified vendors. Currently, there are about 135 blind vendors who operate as self-employed business persons. Equipment and training are provided to participants to assure successful employment.

Vending Facility Program services are provided at no cost to eligible VR customers. This is a federal program funded by Vocational Rehabilitation revenues.

This is a combination of federally funded grant project and Social Security Administration (SSA) earned funds used to serve older blind individuals. Services to eligible clients are provided by BBS staff and contracts with centers for the blind.

The Bureau of Blind Services and contract blind centers provide instruction in self-care and independent living and use purchase services and low-cost adaptive equipment for clients who are not eligible for vocational rehabilitation. The type of assistive technology that is generally purchased includes specialized low vision examinations, low vision aids, magnifiers, special eyeglasses and special household items for the visually impaired.

Services for older blind individuals is provided by a grant from Rehabilitation Services Administration and earned funds from SSA.

Older Blind Services Title VII, Chapter 2

Department of Human Services
Office of Rehabilitation Services/
Bureau of Blind Services
623 East Adams Street
Springfield, IL 62794

Contact:

217-785-3887
Stan Nelson, Bureau of Blind Services ORS

Who is Served:

- Older blind or severely visually impaired persons.

Eligibility:

- Must be 55 years or older.
- Employment is not a viable option, but independence is a likely goal.
- Although there is no financial needs test, the program gives priority to individuals who have no other resources.

Application Process:

Contact your local ORS office.

Appeals Process:

Yes, contact your local ORS office or CAP.

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Bureau of Home Services

Department of Human Services
Office of Rehabilitation Services
623 East Adams Street
P.O. Box 19509
Springfield, IL 62794

Contact:

Local ORS Offices
(See Appendix for listing)

Who is Served:

- Persons birth to 59 at risk of placement in a nursing facility.

Eligibility:

- U.S. citizen or legally admitted to the U.S.
- A resident of Illinois.
- Have a disability that will last at least 12 months or longer.
- Physician must approve the service plan.
- Must have assets that total no more than $10,000 (age 18 or older) or $3,000 (Under age 18).
- Can't receive In-Home Care Services from another Waiver Program.

Application Process:

Contact local ORS office.

Appeals Process:

Yes, contact local ORS.

The Home Services Program (HSP) is one of four Medicaid Waiver programs in Illinois. HSP is an entitlement program which means that all eligible customers must be served. It offers the alternative of in-home care for people with severe disabilities who are already in or are at imminent risk placement in a long term care facility such as a nursing home.

For the regular HSP Medicaid Waiver, individuals from birth through age 59 who are at risk of unnecessary placement in such a nursing facility may apply, and the cost of home care cannot exceed the cost of long term facility care. A Determination of Need is done for each eligible customer and an individual service cost maximum (SCM) set based on the cost of nursing home care for someone with a comparable disability.

For the HSP AIDS and Traumatic Brain Injury (TBI) waivers customers of any age can be provided Home Services if they meet the HSP eligibility requirements. The TBI Waiver will also provide Habilitation Services, Behavioral Services, Pre-Vocational Services, Day Treatment Services and Supported Employment Services.

All new customers to the HSP must apply for Medicaid and cooperate with the Determination of Medicaid Eligibility. The HSP must be considered for any hospital patient in need of long-term care.

Services provided through the HSP include personal assistant, homemaker, maintenance home health, 24 hour electronic home response, adult day care, assistive equipment, environmental modification, home-delivered meals, and respite.

Services provided through this program may include purchase, repair and rental of assistive equipment and environmental modifications. All services provided to the customer must be identified in the Home Services Plan.

Assistive equipment may be purchased if it is necessary to prevent institutionalization, no other resource is available to buy the item and the equipment is designed/used for independent functioning and must result in a decrease in the need for assistance from another individual or elimination of need for any other HSP service.

Centers for Independent Living

A Center for Independent Living (CIL) is a community-based, not-for-profit, non-residential program serving people with disabilities. There are 23 Centers for Independent Living and the majority of their staff and board of directors are persons with disabilities.

The basic services provided by each CIL include: individual advocacy; peer counseling; skills training; and information and referral. CIL's also provide a wide range of other services that can include assistive technology services. These services may involve assisting individuals in accessing funding for assistive technology or provide equipment demonstration and loan programs.

The services offered by a CIL will reflect the individual needs of the community. To find out specifically what services are provided, call the CIL nearest you.

Centers for Independent Living are funded through Title VII federal funds, state funds and other local sources. Services are provided at no cost to the applicant.

Department of Human Services
Office of Rehabilitation Services
623 East Adams Street
Springfield, IL 62794

Contact:

ORS Independent Living Unit
217-782-9689 v/tty
or
Local Center for Independent Living
(See appendix for listing)

Who is Served:

- Anyone with a disability.

Eligibility:

- None.

Application Process:

Call CIL to set up an appointment.

Appeals Process:

Not applicable.

Illinois School for the Deaf

Department of Human Services
Office of Rehabilitation Services
125 Webster Avenue
Jacksonville, IL 62650

Contact:

Superintendent
217-245-5141

Who is Served:

- Children 3-21 who are deaf and/or hard of hearing.

Eligibility:

Illinois resident.

- Ages 4 to 21 for residential services.
- Identified severe hearing loss.
- Local school district has made a referral.
- Direct referral by parents may be considered if resources are available.

Application Process:

Application package sent after referral is made.

Appeals Process:

Process is the same as those of the Illinois State Board of Education.

The Illinois School for the Deaf (ISD) is a state-supported residential educational facility for deaf and hard of hearing children ages 3 to 21 with special services including special education related services and residential living, provided for children under the age of three. ISD provides both education, residential and day programs and is open to any eligible child in the state. Assistive technology services are offered through all ISD programs.

ISD's preschool and K-12 programs are fully accredited by the Illinois State Board of Education, the North Central Association of Colleges and Schools, and the Conference of Educational Administrators Serving the Deaf. The academic program is comparable to those offered in Illinois public schools. In addition to the academic programs, ISD offers vocational programs, social and health services, and recreational and extracurricular activities.

Most students are referred to ISD by their local school districts. However, the Direct Referral law, allows parents to apply directly to ISD if they do not agree with their local school district about a child's placement. The application process is the same as if the local school district had applied for placement. Direct referral applications are considered after all local school district applications are considered and if resources are available.

Special education or adaptive equipment needs of the student are identified on the Individualized Education Plan and, if not available at ISD, must be provided by the local school district.

A Deaf Evaluation Center is also housed at ISD. The Center provides vocational assessment, case study evaluations and diagnostic-prescriptive evaluations for deaf and hard of hearing children and adults from throughout the state. There is no fee for evaluation services for eligible persons.

The Illinois School for the Visually Impaired (ISVI) is a state-supported residential educational facility which serves blind or partially sighted children between the ages of birth to 21. The school is fully accredited by the Illinois State Board of Education, the North Central Association of Colleges and Schools, and the National Accreditation Council for Agencies Serving the Blind and Visually Handicapped and operates in accordance with the Individuals with Disabilities Education Act.

In addition to the regular academic program, the school emphasizes orientation and mobility training, skills for daily living, and use of specialized equipment. The school has a Low Vision Clinic sponsored by the Lions of Illinois which has a training program to develop and use a student's remaining vision.

ISVI has a broad array of adaptive aids and equipment available for use by the students. Special education or adaptive equipment needs of the student are identified on the Individualized Education Plan (IEP) and, if not available at ISVI, it must be provided by the local school district.

There is no cost for residents of Illinois for tuition, room, board and ordinary medical expenses to attend ISVI. Parents, through private insurance or other third party payers such as Public Aid or the Division of Specialized Care for Children, are responsible for extraordinary medical or hospital costs.

Illinois School for the Visually Impaired

Department of Human Services
Office of Rehabilitation Services
658 East State Street
Jacksonville, Illinois 62650

Contact:

Superintendent
217-479-4400

Who is Served:

- Children 3-21 who are blind or visually impaired.

Eligibility:

Resident of Illinois.

- Between birth and 21 years of age.
- Referral by local school district or parent.
- Identified by a qualified ophthalmologist or optometrist as having a visual impairment which impeded the educational process.

Application Process:

Application package is sent out after referral is made.

Appeals Process:

Process is the same as those of the Illinois State Board of Education.

Illinois Center for Rehabilitation and Education-Roosevelt

Department of Human Services
Office of Rehabilitation Services
1950 West Roosevelt Rd.
Chicago, Illinois 60608

Contact:

Superintendent
312-433-3120 voice
312-433-3052 tty

Who is Served:

- Children ages 5-21.

Eligibility:

- Resident of Illinois.
- Local school district has made a referral.
- Qualified physician has identified the child as severely physically disabled by cerebral palsy, muscular dystrophy, spina-bifida or other physical and health impairments.

Application Process:

After referral is made, application package is sent out.

Appeals Process:

Process is the same as those of the Illinois State Board of Education.

The Illinois Center for Rehabilitation and Education - Roosevelt (ICRE-R) provides a continuum of educational and related services to a student with physical and/or health related disabilities, at no cost to the student's family. ICRE-R is a residential facility with a ten-month academic year and a seven week summer program. ICRE-R is fully accredited by the Illinois State Board of Education and the North Central Association of Colleges and Schools.

The program emphasizes a developmental continuum of services and skills that includes independent living skills, transitional and integrated community living, apartment living experiences, learning in the natural setting, computer-based instruction, assistive technology, development of self-advocacy and leadership abilities, comprehensive vocational assessments, training and employment, acquisition of leisure and recreational skills, the utilization of community-based programs and services providing a natural learning environment.

The program components include: educational instruction in community schools and at ICRE-R, and related services, such as: Occupational Therapy, Physical Therapy, Activity Therapy, Social Service, Communicative Disorders, Vocational Training, Living Skills Training, Leadership and Advocacy Training, Assistive Technology Training, Interpersonal Skills Training, Mobility Training, Health and Medical Management and Residential Services.

Core Program Division of Specialized Care for Children

University of Illinois at Chicago
Central Office
2815 West Washington
Springfield, IL 62794

Contact:

Regional DSCC office
(See appendix for listing)

Who is Served:

- Children birth to 21 with specific disabilities.

Eligibility:

- Illinois resident.
- Meet financial need criteria.
- Diagnosed medical condition which is amenable to treatment (see below for categories).

Application Process:

Contact your local DSCC Regional Office.

Appeals Process:

Yes, contact your DSCC office for appeals procedures.

The Division of Specialized Care for Children (DSCC) will provide, promote, and coordinate family-centered, community-based, culturally competent care for children with special health care needs (CSHCN) in Illinois.

DSCC is the official state agency designated to provide medical rehabilitation treatment to children with certain severe chronic physical disabilities and health impairments. DSCC serves children who have disabilities which are expected to be chronic; involve multiple physical defects/disabilities; which are amenable to treatment as determined by the treating physician; and have a need for long-term highly specialized medical care.

DSCC provides or authorizes payment for a broad array of specialty services including: consultative services, continuing outpatient supervision, inpatient medical and/or surgical treatment, limited convalescent and home based care, assisting appliances, speech and hearing therapy, physical and occupational therapy, nutritional evaluation and guidance, specialized prescriptive drugs and specialized dental care when required to treat a child with severe oro-craniofacial deformities.

Treatment programs may include assisting appliances, approved by DSCC, such as braces, prosthetic limbs, hearing aids, wheelchairs and related adaptive devices and special supplies considered medically necessary to accomplish medical rehabilitation goals. However, external ramps and/or mechanical lifts needed to provide access to the dwelling are not excluded.

Conditions covered: orthopedic impairments, nervous system impairments, cardiovascular impairments, craniofacial anomalies and certain other disfiguring conditions, hearing impairments, organic speech impairments, cystic fibrosis, hemophilia and disorders of coagulation, genetic and metabolic conditions leading to severe physical, mental and neurological disability, including PKU, hypothyroidism, galactosemia and biotinidase deficiency, eye impairments including cataract, glaucoma, strabismus and certain retinal conditions--excluding isolated refractive errors or blindness, urinary system impairments (kidney, ureter, bladder).

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University of Illinois at Chicago: Home Care Program

Division of Specialized Care for Children
2815 West Washington
Springfield, IL 62794

Contact:

Regional DSCC office
(See appendix for listing)

Who is Served:

- Children birth to 21

Eligibility:

- Resident of Illinois.
- Child needs a level of medical care that otherwise would have to be provided in a hospital or a skilled nursing facility.
- The cost of care for services through this program must be less than the cost to the Department of Human Services of providing care in a hospital or a skilled nursing facility.

Application Process:

Contact your local DSCC Regional Office.

Appeals Process:

Yes, handled by DHS, contact your DSCC office for appeals procedures.

The Division of Specialized Care for Children (DSCC), in conjunction with the Illinois Department of Human Services, administers a Home Care Program which allows eligible technologically-dependent children to receive care at home instead of in a hospital or skilled nursing facility.

In-home services may include nursing support, durable medical equipment including assistive technology, supplies, medications, home assessment and minor modifications, special training of nurses in the use of specific equipment, respite nursing services, required transportation and community service coordination. This program is funded through a Medicaid Model Waiver. The cost of care for services must be less than the cost of care in a hospital or nursing home facility.

A plan of care is developed by the attending physician, hospital discharge team, DSCC home care consultant and the family. This plan identifies all the medically necessary services to be provided to the child including prescriptions for medications, equipment, supplies, therapies, number and level of required in-home nursing hours and daily home care instructions and other required reports.

The purpose of this program is to provide services in a home setting at less than the cost of hospital or skilled nursing care. This program operates under a Title XIX Medicaid Model Waiver which waives certain prohibitions on services. In addition, for families who are not Medicaid eligible, family income may be waived. All other funding sources must be explored as potential payment sources before payment will be made by Department of Human Services.

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Illinois Veterans' Home

Department of Veterans' Affairs
833 S. Spring Street
Springfield, IL 62794-9432

Contact:

Adjutant's Office of a Veterans' Home or Local Veterans Service Office (See Appendix III for listing)

Who is Served:

- Honorably discharged Veteran.

Eligibility:

- Served in the armed forces at least 1 day during war time period recognized by the federal government.
- Must have had service accredited to the State of Illinois or have been a resident of Illinois for a minimum of one year immediately preceding the date of application.
- Must be disabled by age, disease, or wounds, and not able to work and need nursing care. Can safely be housed with others.

Application Process:

Local VA or Veterans Home

Appeals Process:

Yes. Contact Local VA

The Illinois Department of Veterans' Affairs provides nursing and domiciliary care to eligible veterans in Illinois at four facilities: LaSalle, Manteno, Quincy and Anna. The capacity at Quincy is 551 nursing beds and 132 domiciliary beds; Manteno, 300 nursing beds; LaSalle, 120 nursing beds and Anna, 50 nursing beds and 12 domiciliary beds. A full range of long term medical care is provided including physical and speech therapy in addition to a variety of social services.

The medical care provided at the Veterans' Homes covers all services that are justified as medically necessary. Assistive devices (such as wheelchairs, prostheses, eyeglasses, dentures, canes, etc.) are a covered service when recommended by the medical staff at the Veterans' Home. The appropriate medical forms requesting the necessary equipment are completed and sent to a federal Veterans Administration Medical Center for processing. The Illinois Veterans' Homes may have some equipment on hand that is loaned to the Veteran until the Veteran receives his/her own equipment.

Residents help pay for their care by paying a monthly maintenance charge. This charge is based on the individual's income, not assets. There is a maximum charge of $929 per month. Lack of income does not preclude admission to the facility.

Veterans' Home services are funded by the State of Illinois, by the U.S. Department of Veteran' Affairs per diem reimbursements for daily care and by individual member payments.

Arkenstone Inc.

NASA Ames Moffett Complex
Building 23
Moffett Field, CA 94035
info@arkenstone.org
www.arkenstone.org

Contact:
800-444-4443

Who is Served:
- Children and Adults

Eligibility:
Must be visually or reading impaired.

Application Process:
Not applicable.

Appeals Process:
Not applicable.

Arkenstone Inc., a private, not-for-profit organization, sells reading systems to visually impaired individuals or institutions serving them. Its mission is to bring advanced reading technology to as many visually impaired people as possible.

The company sells complete readers as well as components, scanners, upgrades and software products.

Arkenstone has periodic subsidy or discount programs.

The Veterans Administration (VA) provides hospital, outpatient and nursing home care to all honorably discharged veterans with service-connected medical conditions. Entitlement to services varies based on the individual veteran's disability rating. Medical care is also available for non-service connected disabilities under certain conditions.

VA Medical Centers (VAMCs) are responsible for meeting the health care and rehabilitation needs of veterans in their catchment areas, through delivery of inpatient and outpatient services and the provision of assistive devices. Each Center is fairly autonomous, within general national guidelines, for determining how to respond to the needs of its service area. Every VAMC provides various services related to selection and procurement of prosthetic appliances which is defined very broadly by the VA to refer to all prosthetic appliances, aids and medical equipment.

Assistive devices must be determined to be medically necessary by the VA attending physician. While the physician generally prescribes the needed device in generic terms, it is the responsibility of prosthetic personnel at the VAMC to determine the most appropriate and cost-effective appliance for the veteran. Devices are procured by the VA from a vendor, fabricated by the VA, or provided on loan. Prosthetic representatives also are responsible for inspection of the equipment, overseeing its delivery and installation at the home and follow-up visits.

The VA has several other special programs for veterans with disabilities. An annual clothing allowance, for veterans who wear or use one or more prosthetic or orthopedic appliances. The Veterans Administration may provide funds for automobile/van adaptive equipment, and special home adaptation grants. Eligibility for these programs vary.

Veterans Administration

Chicago Regional Office
P.O. Box 8136
536 South Clark St.
Chicago, IL 60680

Contact::

800-827-0466
or
Local Veterans Service Organization
(See appendix for listing)

Who is Served:

- Honorably discharged Veterans.

Eligibility:

- Service-connected disability.
- Entitlement for services varies based on the veteran's disability rating.
- Non-service connected disabled veterans and veterans meeting other requirements are also eligible for these services under certain conditions.

Application Process:

Contact local Veterans Services or Home.

Appeals Process:

Yes, contact regional veterans administration office.

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Community Optical Services Rehabilitation Center

2880 N. Milwaukee
Chicago, IL

Contact:

Dr. Richard Geeslin
773-252-5115

Who is Served:

- Anyone with a visual impairment.

Eligibility:

- Low income.
- Chicago area resident.

Application Process:

The majority of individuals served through this program are referred by various social service agencies. The referral letter generally assures the services. The eligibility of other individuals who request services is determined on a case by case basis at the time of the request.

Appeals Process:

Not applicable.

Community Optical Services Rehabilitation Center is a charitable organization affiliated with the Community Gospel Church that provides eyeglasses to low-income individuals and certain social service organizations for a small donation when possible. This organization's purpose is to serve those individuals who cannot find funding anywhere else.

A donation of $20 for a pair of eyeglasses is requested whenever possible. The client receives a pair of frames and lenses for $35 total. Most of the frames and lenses are donated by Lens Crafter and Pearle Vision.

The Community Optical Services Rehabilitation Center is funded through the Church and by private and corporate donations.

The Assistive Technology Unit (ATU) Provides evaluation, implementation and follow-up services to individuals with disabilities in northeast Illinois. Areas of Assistive technology include: Activities of Daily Living, Adaptive Equipment, Augmentative Communication, Computer Access, Environmental Control, Home Modification (recommendations only), Seating, Wheeled Mobility and Worksite Modification.

The ATU is staffed by professionals in Occupational Therapy, Physical Therapy, Rehabilitation Engineering and Speech-Language Pathology.

The ATU provides 90% of its services in the community - in the consumer's home, school, or worksite - through the use of its 7 Mobile Units. Over 500 consumers are served annually.

Services to individuals with visual impairments may be coordinated with the Chicago Lighthouse for the Blind, located nearby.

The ATU is a fee-for-service clinic. As such, there is a charge for each phase of service (Evaluation, Implementation, and Follow-Up). Generally, the ATU is able to locate a third-party payor to fund services. For instances when a third-party payor cannot be located, the ATU employs a sliding scale fee to reduce the overall cost of the services. Since implementation costs are geared to the cost of the actual equipment, the sliding fee scale is not used for that phase of service.

Assistive Technology Unit

University of Illinois at Chicago:
Department of Disability and Human Development
1640 W. Roosevelt Road
Room 415
Chicago, IL 60608

Contact:

312-413-1555
312-413-1554 tty

Who is Served:

- People with disabilities.

Eligibility:

- Individuals of all ages with all disabilities are served.

Application Process:

Consumers, parent or referral agents may contact the ATU directly to provide intake information.

Appeals Process:

If the prior approval for the implementation phase of services is denied, the ATU case managers re-submit the packet with necessary modifications.

HEAR NOW

9745 E. Hampden Ave.,
Ste. 300
Denver, Colorado 80231

Contact:

Joanita Stelter
800-648-4327 v/tty

Who is Served:

- Children and Adults.

Eligibility:

- Severe hearing loss in both ears.
- Financial status.
- Medical referral.
- Funder of last resort.
- Resident of the United States.

Application Process:

Call for application.

Appeals Process:

Not applicable.

HEAR NOW is a Denver-based national charitable organization whose mission is to make hearing aids accessible to individuals throughout the U.S. who have severe communication difficulty and limited financial resources. Specifically, HEAR NOW raises funds to provide hearing aids, cochlear implants and related services to children and adults without the financial resources to purchase their own devices. Services are available through the individual's hearing care provider. HEAR NOW has two basic assistance programs: hearing aid assistance and the Cochlear Implant Program.

Qualified applications requesting hearing aids will receive assistance on a first come, first served basis. Assistance for cochlear implants will be determined by lottery drawing to decide the order in which qualified applicants will receive help.
Funding is limited to hearing aids and cochlear implants. Financial assistance is primarily based on the level of family income, number in the family, monthly medical expenses and the cost of the hearing technology requested.

Easter Seals

Contact:

Local Easter Seal Society
(See Appendix for listing)

Who is Served:

People with disabilities.

Eligibility:

Varies with each Easter Seals Service Center.

Application Process:

Contact your local Easter Seals office.

Appeals Process:

Not applicable.

Easter Seal Society, a private, nonprofit voluntary health agency, is a nationwide network of over 1060 affiliate societies whose mission is to help people with disabilities achieve maximum independence. There are 12 Easter Seal members in Illinois.

The Easter Seals is an acknowledged leader in rehabilitation and support services to meet the needs of people with disabilities. The types of services provided by Easter Seals may include speech and language therapies; medical treatment; physical therapy and prosthetic care; vocational evaluation, occupational therapy, training and placement; psycho-social evaluation and counseling; educational evaluation and services; camping, recreation and social services; technological assistance; prevention of and screening of potentially disabling conditions; and advocating on behalf of people with disabilities.

The services offered by each Easter Seals will differ based on its specific mission and programs. Some Easter Seals are medically based with a technology center and equipment loan program (i.e. DuPage) whereas another may be educationally based (i.e. Elgin).

Services are provided on a sliding fee scale for eligible clients in the local society's funding area. For eligible persons from another funding area, the full fee would be charged.

Illinois Telecommunications Access Corporation

3001 Montvale Dr., Suite D
Springfield, IL 62704

Contact:

217-698-4170 v/tty
800-841-6167 v/tty

Who is Served:

- Persons who are deaf, hard of hearing or speech impaired.

Eligibility:

- The person requesting the tty must be certified as deaf, hard of hearing or speech impaired by a licensed physician, a speech-language pathologist, audiologist, designated DHS counselor, or a speech/hearing consultant.
- Legal resident of the State of Illinois.
- Working telephone service at the address shown on the application form.

Application Process:

Contact ITAC for an application.

Appeals Process:

Not applicable.

The Illinois Telecommunications Access Corporation (ITAC) provides free TTYs to residents of Illinois who are certified deaf, hard of hearing or speech impaired.

Statewide organizations representing the deaf, hard of hearing or speech impaired may also be eligible to receive the units. Such organizations are required to file a petition directly with the Illinois Commerce Commission.

In 1985 the Illinois General Assembly passed the Universal Telephone Service Protection Law. This law called for the Illinois Commerce Commission to establish a program to provide persons who are deaf, hard of hearing or speech impaired with TTYs at no charge. In the fall of 1998, the Illinois ITAC, a not for profit organization representing over 60 telephone carriers in Illinois, was formed to meet the requirements of the law and carry out the TTY distribution program.

State law requires telephone companies to provide these programs and authorizes the Illinois Commerce Commission to establish the line charge to recover the costs of the programs. The Tty distribution program and the Illinois Relay Service are supported by a charge on all telephone lines in Illinois.

In order to allow voice and hearing impaired persons in Illinois to fully utilize the telephone network, the monthly line charge of all telephone customers was increased by eight cents as of November 15, 1991. The increase provides additional funding for this program. State law requires telephone companies to provide these programs and authorizes the Illinois Commerce Commission (ICC) to establish a line charge to recover their costs.

Lekotek is a resource center that provides support and information to families with special needs children. In monthly play sessions, specially trained Lekotek Leaders provide play modeling for the families. Lekotek sites have extensive libraries of toys, adaptive equipment, electronic play materials and books for parents to borrow.

Lekotek also sponsors Compuplay, a computer project for children who have disabilities which allows them to learn through the use of adaptive computer equipment and software. Lekotek services are provided at home for families who are not able to come to a center. There are 21 Lekotek sites serving 23 Illinois counties. Lekotek serves approximately 1600 children annually.

Lekotek services are provided on a sliding fee scale and scholarships are available.

National Lekotek Center

2100 Ridge Avenue
Evanston, IL 60201

Contact:

Lekotek Center nearest you (see appendix for listing)

Who is Served:

- Children.

Eligibility:

- Birth to 12 years of age.
- May have a developmental delay or substantial risk of developmental delay; specific disability; chronic illness, behavior disorder or other disorder.

Application Process:

Contact area Lekotek.

Appeals Process:

Not applicable.

Muscular Dystrophy Association

450 E. 22nd Street, Suite 210
Lombard, IL 60148

Contact:

708-916-4550
or
Patient Services Coordinator at
Nearest MDA Clinic

Who is Served:

- Persons with a neuromuscular disease.

Eligibility:

- Diagnosed with a documented neuromuscular disease.

Application Process:

Contact local MDA office.

Appeals Process:

Not applicable.

The Muscular Dystrophy Association (MDA) is a nation-wide voluntary public health agency. Eight MDA clinics are located in Illinois. MDA provides comprehensive medical services to people with neuromuscular diseases.

At MDA clinics, patients receive diagnosis and follow-up care from specialists in neuromuscular disease. Medical prescriptions from the local MDA clinic physician are required for all durable medical equipment and selected aids for daily living when they are prescribed in relation to an individual's neuromuscular disease. If no other source of payment exists, MDA helps provide for the purchase and reasonable repair of selected braces, wheelchairs, orthopedic shoes, lifts and bath adapters, hospital beds and selected aids for daily living.

In the case of communication aids, a maximum amount allowable toward the purchase is established by the Association annually.

A person must be diagnosed with one of the 40 neuromuscular diseases covered by MDA. These are grouped as: muscular dystrophies; motor neuron diseases; inflammatory myopathies; diseases of the neuromuscular junction; diseases of peripheral nerves; metabolic diseases of the muscle; myopathies due to endocrine abnormalities; other myopathies.

MDA pays only for those medical services authorized in its program that are not covered by private or public insurance plans or other community resources. MDA is the payor of last resort. Payment is made directly to the institution in which the MDA clinic is located or to authorized vendors. Authorization is limited to payment of invoices for those items that are immediately related to the establishment of a diagnosis or to the medical management of one of the diseases included in MDA's program. There is no cost to eligible applicants.

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Pearle Vision Foundation

2534 Royal Lane
Dallas, TX 75229

Contact:

972-277-5993
or
Pearle store nearest you

Who is Served:

- Persons who are visually impaired.
- Eligibility:
- Financial need.

Application Process:

Contact Trina Parasiliti, Administrator
Pearle Vision Foundation
P.O. Box 227175
Dallas, TX 75222 or for questions by phone call (972) 277-5993.

Appeals Process:

Not applicable.

Pearle Vision is a non-profit organizations dedicated to helping people nationwide preserve the gift of sight. Pearle Vision established the Foundation in 1986 to strengthen the company's commitment to good vision by providing eye care assistance to people in need.

The Foundation awards grants to individuals who demonstrate financial hardship and are in need of low vision aids or equipment. Those we assist have "slipped through the cracks". They may be presently unemployed or on a limited income and cannot obtain insurance or health benefits. Medicare, Medicaid and Social Security benefits are usually not available.

Funds raised by the Pearl Vision Foundation are donated to non-profit organizations for vision-related causes including:

- Eye Exam and Eyeglass Assistance Programs
- Eye Surgery Grants
- Vision-Related Research
- Educational Programs
- Equipment for Testing and Improving Vision
- Museum, Park and Media Programs that improve the quality of Life for the Visually Impaired.

A limited number of grants are also provided to economically disadvantaged individuals for low vision equipment.

Applications must be made prior to buying equipment. As a general rule, we will not reimburse for purchases made prior to authorization by Pearle Vision Foundation.

Application must be sponsored by a second-party, such as an eye care professional, member of the clergy or social worker, who can verify the applicant's vision condition and financial status.

Evidence of financial hardship (such as payroll stubs, tax records, letters of denial from insurance, Medicare or Medicaid, or similar documents) must accompany the application. Along with other verification.

Chrysler Corporation Physically Challenged Assistance Program

P.O. Box 159
Detroit, Michigan 48288

Contact:

800-255-9877

Who is Served:

- Persons who have new or leased vehicles adapted.

Eligibility:

- Applicant must be a person with a disability that impairs his/her driving ability or is a person who needs to transport a person with a disability.

Application Process:

After equipment is installed go back to dealership for final paperwork.

Appeals Process:

Not applicable.

Chrysler's Physically Challenged Assistance Program (P-CAP) provides information on adaptive driving aids such as hand controls and wheelchair lifts and allows for a cash incentive of up to $1,000 per vehicle for expenses incurred by the customer for up to two Chrysler vehicles (current or last year's model). This applies to Chrysler cars, trucks or vans—both leased and purchased.

The incentive program requires that the special equipment be installed within six months of vehicle purchase and is in addition to any other incentive program in effect at the time of vehicle purchase.

This program offers funding to individuals nation-wide. Such funding is offered in the form of a rebate after purchase. Each applicant can be awarded a maximum of $1,000. Rebates are only given for adaptive driving or passenger aids and are not provided for factory-built items such as power steering, power locks, etc.

Adaptive equipment can be for the driver or for the passenger.

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The Ford Mobility Motoring Program reimburses consumers up to $1,000 towards the cost of an adaptive equipment conversion, or up to $200 on an alerting device, when you purchase or lease a new 1998 or 1999 Econoline and complete an adaptation.

For complete details on the Ford Mobility Motoring Program, see your Ford Dealer or call Mobility Motoring Program Headquarters.

This nationwide program provides up to $1,000 in reimbursement for installing adaptive equipment on eligible Ford/Lincoln-Mercury vehicles. Adaptation can be either for the driver or the passenger.

Ford Mobility Motoring Program

P.O. Box 529
Bloomfield Hills, MI 48303

Contact:

800-952-2248
800-833-0312 tty
or
Local Ford/Lincoln-Mercury Dealer

Who is Served:

- Purchase or lease new Econoline.

Eligibility:

- Must be a person with a disability that impairs driving ability.
- Have a physically disabled dependent.

Application Process:

Call the 800# for a claim form.

Appeals Process:

Not applicable.

GM Mobility Program for Persons with Disabilities

Mail code: 482-A25-D35
100 Renaissance Dr.
P.O. Box 100
Detroit, Michigan 48265

Contact:

800-323-9935 voice
800-833-9935 tty

Who is Served:

- People installing adaptive devices on new GM vehicles.

Eligibility:

- Must be a person with a disability that impairs driving ability; or have a physically disabled dependent.

Application Process:

Call the 800# or see the nearest GM dealer for a claim form.

Appeals Process:

Not applicable.

GM Mobility Program for Persons with Disabilities reimburses consumers up to $1,000 for the cost of adapting an eligible purchased or leased new GM car, van or light-duty truck. Regular production options available from the factory are not eligible for reimbursement. Buyers can finance both the car and equipment through GMAC.

In addition, the GM Mobility Program offers a complimentary resource packet which identifies local driver assessment centers and area installers of adaptive driving devices or vehicle modifications.

This nationwide program provides up to $1,000 in reimbursement for purchasing and installing adaptive devices on a new GM vehicle. Adaptation can be either for the driver or passenger.

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The Illinois Treasurer's Office and financial institutions work together to assist individuals with disabilities by providing capital to the borrower at a lower rate of interest. The Treasurer's Office deposits funds with participating financial institutions which then make low-interest Ready Access loans. The funds earn interest for taxpayers and are fully protected against loss.

Depending on an individual's needs, there are many ways to make your home and vehicle accessible. These include: van lifts, entrance ramps, electronic door openers, lower cabinets and counters and motorized scooters.

Depending on an individual's needs, there are numerous types of equipment which can improve the independence and productivity of individuals with disabilities. These include: augmentative communication devices, Braille printers, electronic magnifiers (CCTV), closed captioning for television and adapted computers.

An applicant seeking to borrow funds from a financial institution for a Ready Access project shall be required to provide the Illinois State Treasurer's Office with adequate documentation to demonstrate that they meet the following financial eligibility guidelines: total gross income per household shall not exceed $75,150 and the combined net worth of the household shall not exceed $500,000. Not withstanding the forgoing, the Treasurer's Office reserves the right to reject any application at its discretion.

A loan is made through participating financial institutions. The maximum amount that can be borrowed is $25,000. The loans are made available for up to 3 years at a fixed rate of interest that is below market rate. The Ready Access Program does not provide medical services, pharmaceuticals, psychological services, therapy and/or therapeutic devices.

Ready Access Program

Illinois State Treasurer:
James Thompson Center
100 W. Randolph Street,
Suite 15-600
Chicago, IL 60601

Contact:

312-814-1700 voice
312-814-6592 tty

Who is Served:

- Consumers and families who have a dependent with a disability.

Eligibility:

- Persons with disabilities who need assistive technology to enhance their quality of life in order to maintain a more independent lifestyle.

Application Process:

Borrowers can contact one of the participating Ready Access lenders or the Illinois Treasurer's Office.

Appeals Process:

Not applicable.

ATEN
(Assistive Technology Exchange Network)

c/o Howe Developmental Center
7600 W. 183rd Street
Tinley Park, IL 60477

Contact:

800-476-2836
708-444-2836

Who is Served:

- School districts and students with disabilities

Eligibility:

- School districts in Illinois

Application Process:

Contact ATEN for participation forms.

Appeals Process:

Not applicable.

Technology can help students with disabilities achieve success in education, employment, independent living, and recreation. A great deal of assistive technology exists, but access may be limited by cost, and lack of information about and experience with technology.

Many Illinois students with disabilities can utilize assistive technology that is unused by school districts or discarded by businesses. A school district might have an augmentative communication device in storage that was once used by a student who graduated. Another special education student in Illinois may be able to use that device. Businesses replace equipment with newer models and store the old. Students with disabilities can use this equipment and businesses can get a tax deduction.

Schools may participate in the sharing and exchanging of equipment and technical information through ATEN's statn-wide database. Businesses or individuals may donate equipment by calling ATEN and providing a brief description of items to be donated. Equipment in working order is preferred.

Donors are provided with documentation of their donation for tax deductions. Corporate donors may qualify for special tax benefits. Shipping cost may also be tax deductible under applicable rules and regulations.

ATEN is a partnership of the Illinois State Board of Education and United Cerebral Palsy Association of Greater Chicago (Infinitec). ATEN is also associated with the National Cristina Foundation.

The Elks Crippled Children Corporation strives to meet the needs of orthopedically handicapped children (0-21 years of age). This organization can be accessed through a consumer's local Elks Lodge. Calls made directly to the Corporation will be referred back to the local area lodge.

The funding of the Elks Crippled Children Corporation is based solely on the discretion of the local Elks lodges throughout the state. Applicants can approach their local Elks lodge with a request for funding for assistive technology. The corporation will not fund glasses, dentures, orthodontia, heart/lung conditions, AIDS patients, cancer patients or speech therapy needs.

Elks Crippled Children Corporation

P.O. Box 222
Chatham, IL 62629

Contact:

Pete Matson
800-272-0074

Who is Served:

- Children.

Eligibility:

- Live in area of local lodge.
- Under 21 years of age.

Application Process:

The applicant must contact his/her local Elks lodge. This phone number, if not listed in the local telephone directory, is available from the local Chamber of Commerce.

Appeals Process:

Each Elks lodge is responsible for the applications that it receives. The same is true for the appeals options throughout the state.

Appendix One
TECHNOTES

The Right Stuff . . .
How to Choose Appropriate Assistive Technology.

People with disabilities can use assistive technology (AT) to gain new skills, keep old ones and live more independently. However, choosing the right technology is often a difficult task. This TECHNOTE offers strategies and tips to use when considering a technology solution.

Being informed about purchases is important in the '90's. Funding sources want to make sure any device they purchase with dwindling resources is fully utilized. So, whether you are using your own precious resources, or third-party payer funds, consumers need to ensure that they spend money wisely.

Take some time to read through this document. Use it as a guide to help you decide whether a piece of AT will help you do specifically what you need/want to do.

Basic Principles

The principles below are universal. No matter what the AT, where it is used or the age of the user . . . applying these principles will ensure that the device helps you do the job.

A Team Approach is Always Best.
Even when you are choosing a very simple, low-tech piece of equipment, talking it over with another user, or a person who knows you well, will offer another perspective. He/she may also see some pitfalls that weren't obvious to you.

Assistive technology assessment teams usually come from different disciplines and can vary from team to team depending on the user's abilities and needs. Traditionally, the user, a family member or significant other, medical personnel, rehabilitation specialists and occupational, physical and/or speech therapists are members of the team.

Try adding nontraditional team members if you think it will improve the group's problem solving skills. A custodian, shop teacher, local handy-person or someone good at crafts, or even a classmate will look at the issues differently and often have valuable insights. Don't be afraid to be a courageous problem solver. It will make for a much more elegant solution.

The User is The Most Crucial Team Member.

Think about your closets for a few minutes. Is there something there that you do not use? Why aren't you using it? The wrong size? Not your style? Uncomfortable to use? Ugly? It's too fancy and you're a jeans and sweatshirt kind of person?

Spend a few minutes trying to decide all the reasons this perfectly good item doesn't

work for you. More than likely your reason will be in the category of "It's just not who I am!" Like most things we use, assistive technology must 'fit' who we are . . . physically, emotionally, culturally and personally. When the user is central to making the decision, the more likely it will effectively promote independence.

Significant Others Are The Next Most Crucial Members.

This is especially true for children. Parents will provide the reinforcement, maintenance, training and other aspects of supporting the technology the child will use. If a child needs a computer-based communication device and the only mouse the parents know is the Disney character . . . the team needs to be aware of that fact and deal with it. If parents are not comfortable with the technology solution, then the child is not likely to see any benefit.

For adults, this can also be true, depending on the user's need for assistance. However, it's important to remember that just because a person needed assistance in the past, does not necessarily mean that he/she will need it in the future. An appropriate assistive technology solution may dramatically decrease a person's need for help or eliminate it all together.

Focus on Function.

Often disability distracts people. They are unable to see any potential or ability . . . only the disability. By focusing attention on functional skills, we move away from looking at someone in a clinical way and more toward a functional assessment.

A good question to ask when you want to focus on function is, "What does this person want or need to do that he/she currently cannot do?" From there the team can begin to look for ways to alter the environment to enable the person to function more independently.

Strive for Simplicity.

Techies love wonderfully complicated electronic gizmos with a zillion or more functions. However, assistive technology users only need what will help in accomplishing the task, in the simplest, most efficient way. It's been said that the best technology solution is a no-technology solution.

For example, a reacher is very simple technology. It allows a person to grab an object they could not otherwise reach. It's uncomplicated, and not very costly . . . so a good solution, right? Not necessarily. It may be a better solution to move the out-of-reach items within reach so the user doesn't need any technology at all.

Keeping solutions simple also reduces maintenance and repair costs. Simple solutions are often easier to use and therefore will be used. Generally they are cheaper solutions, so a funding source (whether it is the user or a third party source) is more likely to fund it.

GENERALIZE ABOUT THE USE OF THE DEVICE.

Where will you use the device? Could it be helpful in other settings? Are there other members of the family who could use the device? By thinking in general terms about the device, you can get more use or increase the effectiveness of the device. Sometimes parents consider purchasing a computer for their child so he/she can do homework. When they consider the purchase, they need to look at the computer needs of the entire family. Could an older sibling use it to write reports? If it came with a modem, can dad or mom fax or E-mail work from home? A computer with a CD ROM drive or modem provides 'paperless' access to a wealth of information. Generalizing about the who, when, where, why and how aspects of the product can help the user find a product that meets many, rather than just a specific need. However, remember that if several family members use a device, it will limit access to third party payers.

Technology users need to be informed consumers. They need to be smart shoppers, not satisfied with just having someone tell them what they need. They should constantly ask questions about how the technology will work for them. No matter who pays for the device, AT users are obligated to ensure the device is used. To ensure that, they need to make sure it 'fits' them.

But, how is that done? By simply asking yourself, the team, other users and the equipment vendors questions and continue to ask them until he/she has a satisfactory answer. Here are some questions a consumer should ask to make sure a device will help him/her accomplish his/her goals.

Considerations for Choosing Assistive Technology

PERSONAL CONSIDERATIONS.

Does it help me do what I want/need to do?
If it doesn't, don't get it! This may sound like an elementary question, but, many people receive AT and from day one it does not work for them. When this happens, you can be sure the user was not an integral part of the assessment team. More than likely the team told the user what would work for him/her. As a consumer of technology and services, you should never allow that to happen. Speak up for yourself and your needs.

Are there any limitations or risks?
Users often see the benefit of AT, but don't bother looking at the other side . . .there is nearly always another side. While the AT may help you do what you want to do, it may also limit other aspects of your life.

For example, a user is considering purchasing a standing wheelchair to improve circulation and movement. He/she should also know that standing wheelchairs can weigh up to three times more than a lightweight manual chair. While it may improve movement and circulation, the weight could cause exhaustion. Does that mean a standing wheelchair is not a good product?

Not at all, it just means that the user will need to measure the pluses and the minuses. Maybe he/she will want to keep his/her old lightweight chair and use one or the other when it's appropriate.

Is it comfortable to use?
Have you ever worn a shirt a half-size too small? If you have, when it was time to wear it again, you probably thought twice about it. If there was at least one other clean shirt in your closet, the small one would just sit there. The same applies to any AT you use. If it is not comfortable, you will eventually discard it. Better to speak up during the assessment process than wait until it's over and the device is in the closet, and you are no closer to your goal than you were before the process began.

May I have a trial period to see if it works for me?
Let the buyer beware. Don't get caught in the trap of thinking you have to purchase the device outright before you agree to use it. Ask for a trial period. Most reputable vendors will allow you to rent the device for a month or two and then apply the rental payments toward the purchase. Others have a 30-60 day return policy on the device if it does not work for you.

It's common for users to successfully use a device in an insulated clinical setting (when evaluating or learning about the device) and still be unable to use it in a 'real world' setting. A child may be able to use a communication device in formal speech therapy sessions, but be unable to use it to order lunch at McDonald's. It's not until you try it in the real world that you can be sure the device will work for you!

TRAINING CONSIDERATIONS.

Is it ready to use?
Imagine this. A user receives his/her AT at home or office. The box is placed in the center of the room and the delivery person leaves. The user did not ask about set up procedures or support. He/she can't open the box. Even if the box were open, he/she would not know how to set the device up. By asking this question ahead of time, a user can eliminate these problems once the device arrives.

What skills do I need to learn?
Let's assume a user and his/her team decide a specific computer and software package is just the thing to help a child benefit from his/her educational program. However, he/she has never used a computer alone before. He/she will need many skills before the device really helps. Until that day comes, the team needs to have alternate plans in place. The child needs to become proficient in using the technology. By asking this question, you ask the team to consider technology's appropriateness and any learning curve the user may need to get comfortable with a device.

How does it work?
The device you are trying out may seem simple enough to use, but it may have taken the evaluator three days to program it so that you could use it. Ask about set up, what you will need to know about it, what other functions it has and how can you access

those too.

Where do I get training?
Will the person who conducts the assessment also provide your training? Do you have a good rapport with him/her? Will the training come from the sales representative? Is there a 24-hour support line available should you need it? How long will that be available to you?

Is training included in the purchase price?
Wow, what a shock to learn you're responsible for training, when you assumed the price included it. Unfortunately, some folks don't ask ahead of time. Also, decide who needs training. Certainly the user will need it, but what about others? Teachers, family members, roommates, spouses are just a few examples of others who may need to know the device as well, or better than the user.

ACCESS CONSIDERATIONS.

Where can I use the AT?
Think about what uses you have for a specific device. If you will use it in multiple settings, how well will it travel? Is there room for it there? Is it noisy? Will it disturb others around you? Will it need to be reprogrammed to use it in different settings? Who will do that? Will that limit the use?

Is it bulky?
A device that works well in a stationary setting, may be just fine, unless you need to lug it to the library twice a week. Imagine all the settings you will be using the device in and consider how portable it needs to be.

Can I use it indoors or out?
How does moisture affect functioning?
Climate changes can affect how a device works. If you will be operating the device at the bus stand and it starts to rain, or you drool, you may need to be concerned about this issue. Ask!

What is the battery life?
Battery life is a HUGE issue when considering AT. If you don't stop to ask this question PRIOR to the purchase, you may have a non-functioning device when you need it. If the device requires recharging after every three hours of use, and you will use it twice that amount of time, obviously you'll need extra batteries. But if you don't ask, you won't know. Batteries eventually wear out. Find out how soon you will need new ones.

If powered, can I plug it in, or is there a power source where you want to use it?
You can often conserve battery life by "plugging in." So, think about the places you can hook your AT to an electric outlet. For example, consider sitting next to the wall outlet when you take a laptop to class. You will have more battery life for times when no outlet is convenient.

REPAIR AND MAINTENANCE.

Is it reliable?
The best place to get this information is to ask other users. They have experience with the device, its quirkiness, features and reliability. To find other users, contact a local independent living center, or other disability related social service agency. Ask them to help you find someone who has used the device. Remember that the vendors and manufacturers are there to sell products, not necessarily to be candid about product reliability.

What is the life expectancy?
Nothing lasts forever and at some point your AT will reach the end of its natural life. Knowing the life expectancy of a device will help you decide if it's time to repair or

replace the device. Funding sources should also be aware that eventually, replacing the device is far more cost effective or efficient than repairing it.

What is average use?
All technology has a lifespan. Not all devices can be used constantly. Find out what the manufacturer considers an average amount of use for the device. For example, you plan to purchase a device and anticipate using it every 25 seconds. However, average use is once every 10 minutes. The device is going to wear out much quicker than usual. Again, if you don't ask . . . you don't know. ASK!

What does the guarantee/warranty cover?
Some manufacturers provide a 'bumper-to-bumper' warranty, others provide a sort of "cash and carry/as is" coverage for their device. Finding out what the guarantee/warranty covers after the purchase, is too late. Remember to ask.

What is the service record of the manufacturer/vendor?
Again, to be a good self advocate, you must check the sales/service record of the manufacturer and vendor of the device. You could find a device that works very well for you, but unfortunately, other users have had nothing but problems with the vendor's reliability with follow-up and regular maintenance. Unless you ask other people who have worked with them, you don't know.

Is repair service convenient?
Find out where the device will need to go for maintenance and repair. If you need to send it to Outer Mongolia, it's going to take a long time to get there and get back. Perhaps another device can do the same job and repairs will be closer. Also, find out if the vendor has loaner equipment available while your device is in the shop.

What is considered regular maintenance?
You may be able to perform some of the maintenance yourself. Other maintenance may need specialized training. Find out what kind of maintenance your device needs and to prolong the life of the device, follow the directions carefully.

FINANCIAL CONSIDERATIONS.

Financial issues often scare people away from devices. They think, "I'd love to have that, but gosh . . . I could never afford it." Don't get caught in that mind set. Often going through the process of finding out exactly what you need will provide the documentation that a funding source needs to purchase the device for you. You may also find out that other funding sources are more appropriate than the one you originally thought.

What is the total final cost?
Some devices come all in one piece, others come with add-ons that will up the cost of the device. Be sure to get the total cost of the item with all the add-ons you need. Are there package deals? Will you need a specifically designed mounting system? Will you need two battery packs instead of one? It's frustrating to finally get the device and then

find out that you need another item to make it work for you.

Are there training costs? Is training included in purchase price?
If you don't ask these questions prior to purchase, you may find training costs will make the device unattainable. Purchasing it and being unable to use it because you lack training is a discouraging experience.

Who will fund maintenance and repairs?
Imagine how you will feel if your device needs repair, and you find out that you are responsible for the cost of repairs and you didn't know it. Ask before the purchase!

Are rental/lease plans more cost effective?
If you are going to use the device on a short term basis, you may want to consider renting or leasing options. It's also a good idea to try out the device before you invest much money in it. Most reputable dealers have rental/lease options that either will let you apply the money toward the purchase price, or offer a 30-60 day return policy. You'll need to ask so you know the specific details of the 'trial' period.

If you are working with a vendor that does not allow that type of option, look elsewhere. They may not be there after the purchase if they are so uncompromising prior to it.

Will I need to change devices or upgrade soon?
If you are gaining and/or losing skills because of the type of disability you have, consider how much time you will be using the device. Measure these factors into the equation about whether the device will work . . . really work . . . for you.

Will I get a trade-in/upgrade allowance?
With the rapidly changing world of technology, things you purchase may be obsolete in a year. As long as the device still works for you, that's fine. However, you need to realize that it will have very little market value if you need another device or decide to upgrade.

PARTING WORDS

Consumers with disabilities need to become advocates for their own needs. Relying on professionals alone to figure out what you need means you will not get the best device for you. You need to use professionals to help figure out the kinds of devices that will help you perform certain tasks; however, you alone will ultimately decide if a device works for you. If you are not comfortable with a device for any reason, speak up! It will be better in the end if you express your opinions prior to the purchase. Complaining to a funding agent that a device doesn't meet your needs months after the fact, is upsetting and disheartening for the funder and you.

Finally, it's important to realize that often the best technology solution is a 'simple-tech' solution. Consider how environmental adaptations can meet your needs prior to purchasing any device. Environmental changes are long lasting and usually don't require ongoing repair and maintenance. However, environmental changes aren't the

answer for all the barriers people with disabilities face. After deciding that an environmental change won't work, AT may be the most practical option . . . however, always keep in mind that the AT solution should be appropriate for the task and meet your need as well as your own sense of who you are.

Good Luck!

The Pros from Dover . . .
Using "Experts" to Justify an Assistive Technology Need

Frequently assistive technology (AT) disagreements boil down to a battle of opinions; one side believes device A will best meet a person's need, the other side says device B or C or even D will work. Typically one option is far more costly than the other. What are the parties to do? How do the parties actually determine what will work for a potential AT user?

In cases like this, the opinions of "experts" usually decide. Obviously, it helps tremendously if you use the best expertise available to justify your position. However, how does one determine just who is and is not an "expert." This TECHNOTE offers some questions that consumers, service providers and funding agents can use to decide if an evaluator can be considered an expert in his or her field.

Who conducts evaluations?
Generally, evaluators (or, people who conduct AT assessments) fall into four categories: rehabilitation Engineers/Technologist, Vendors, Therapists and Consultants. People conducting evaluations vary widely in their skill level. Some are licensed, others are not.

Rehabilitation engineers/technologists use the principles of engineering design, and application of assistive technology for people with disabilities. Generally they problem solve by using engineering disciplines, mathematics, physical sciences, life sciences and analysis. If you use a rehabilitation engineer, ask about his or her range of training and experience.

A vendor sells equipment for a company or companies. Unless you ask about credentials, you will not know. If a vendor conducting an evaluation represents only one company, be wary. It is in their interest to sell their particular product whether it works for you or not. It is better to use vendors that represent a range of products.

Therapists are professionally trained in a specific medical discipline. Those disciplines may include, speech, physical, occupational or rehabilitation therapy to name a few. Therapists in Illinois must pass a test to receive their license to practice.

A consultant can be a licensed therapist, a rehabilitation engineer, a really creative person or just about anyone. There are no license or education requirements to hang out a shingle and declare yourself a consultant. Most consultants have a background in disability or health services. It is up to the person purchasing services to decide if the consultant is qualified to conduct an evaluation.

Just having a license or degree does not guarantee that a person is an assistive technology expert. Nor does the fact someone is a vendor or consultant preclude them from being an assistive technology expert. It is important to ask about a person's

credentials before an assessment. Nevertheless, do not stop there.

Beyond those traditional questions, consider asking the following more specific questions. We designed these questions to help you decide if the evaluator is likely to project the credibility needed to get the nod to purchase a device.

How long has the evaluator been recommending this type of AT? How many devices of this type has the evaluator recommended?

Evaluators have more credibility when they have been in the field a few years and have recommended many devices within a general AT area. Beware of individuals who have recommended assistive technology for limited numbers of individuals in the last year. Remember that for many providers, like physical therapists, occupational therapists, speech/language pathologists and rehabilitation counselors, AT is a very small part of their overall position or practice. Many of these providers have limited experience with AT and have only a handful of cases where they actually recommend devices. It pays to ask for references from evaluators whether they appear to have a lot of experience or not.

What age range and/or disability type does the person primarily assess?
Some evaluators specialize within a specific age range or disability type. Such focused expertise can help your case if the consumer falls within those limiting characteristics. However, if you are an adult and the person conducting the assessment has only seen children up to this point, someone could seriously question their opinion. Likewise, if you have a cognitive disability and the evaluator primarily sees people with physical disabilities, someone could call into question his/her opinion.

What is the evaluator's track record? Do the recommendations represent a variety of manufacturers and devices?
It is beneficial for experts to have a proven track record of recommending devices that were actually procured and successfully used over time. If an evaluator has cases where they recommended devices that were not used successfully, you should anticipate that those cases will call into question his/her credibility.

Beware of evaluators who recommend the same device for many or most individuals. How can the evaluator address individual differences if he/she recommends the same device for everyone? Were all of the individuals really that much alike? Recommending the same device repeatedly again implies a disregard for individual differences. One could also argue that recommending the same device reflects limited knowledge of the full range of devices available. Look for evaluators who have current knowledge of the myriad of device options available. Also look for those who have access to a variety of devices to use during their assessment process, and have a track record of recommending a variety of devices.

You can also check out the range of devices on your own, prior to an evaluation, to have firsthand knowledge of what is available.

What assessment procedures does the evaluator use to arrive at a recommendation? Beware of evaluators who use volumes of standardized testing data in areas such as

cognition, visual acuity, auditory acuity, range of motion, fine and gross motor, receptive and expressive language, etc. as the basis for their device recommendation. There is no denying that standardized testing in traditional areas are helpful. However, in AT assessments, it should not form the sole basis for a recommendation. Best practice would include consideration of many other factors. These would include assessing the environments where the person will use the device, the user's expectations in those environments, the necessary supports for device use, and individual preference in device use. The evaluator should also compare the unique features of a variety of devices to decide which device(s) might meet the individual's needs.

Will the user actually try the device? For how long? What outcomes or behaviors were observed during the device usage?
The best procedure any evaluator can use to find out if a device will work is to actually have the user perform the desired activity using the device in their natural environment. The evaluator should carefully document the degree to which the device provides the desired outcomes. It makes for an almost irrefutable justification for the device recommendation. While evaluators can yield some information from a structured evaluation setting, typically the fact that the user has so little time with a device and in an unnatural environment makes the data less than optimal.

Using a loaned or rented device over a longer time, like a few weeks, in a natural environment, provides powerful data to support a particular device. An evaluator who presents "real-life" observations in a recommendation is far more persuasive than one who presents only a theoretical rationale.

What standard does the evaluator use for his/her recommendation? Is it consistent with the legal standard in question?
Evaluators need to be aware of the difference between their professional opinion as a medical, rehabilitation, or education provider and the legal standard in question. Many providers will recommend devices designed to maximize an individual's function, which is appropriate based on the professional standard of "best" client services. However, such a recommendation may not be consistent with the legal standard applicable to the case. This is not as complicated as it sounds.

For example, say an evaluator recommends a particular communication device for an individual. He/she may do so because in his/her opinion it represents the "best" standard of client service. However, if a school district is going to pay for a device, "best" is not the standard by which they measure. IDEA, the federal law that governs special education, only requires schools to provide what is "appropriate." Likewise, in an ADA case, the legal standard is to achieve "effective communication." In vocational rehabilitation the legal standard is "necessary for employment."

For Medicaid to cover the device it must be "medically necessary." Make sure that your evaluator understands the legal standard upon which his/her device recommendation must be based.

Summary

Finding any person to conduct an assistive technology evaluation is often a difficult task. Ensuring that the person conducting the evaluation is an assistive technology "expert" is even more difficult. We hope this TECHNOTE gives you new questions you can ask evaluators to decide if they really are "the pro from Dover."

While IATP cannot recommend and endorse evaluators, we can help you as you go through this process. We have a list of assessment centers across the state. Our hope is that with this new knowledge you will be better able to pick the professionals whose job it is to make your life better.

Good luck.

The material in this TECHNOTE comes primarily from Issues in Assistive Technology: Use of Experts, written by the Missouri Assistive Technology Project, 4731 South Cochise, Suite 114, Independence, Missouri 64055-6975, 800/647-8557 (V) 800/647-8558 (TTY).

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Persistence Pays . . .
Getting a "Yes" From Your Insurance Company

Once you've determined that you or a member of your family has an assistive technology (AT) need, you must face the decision of how to get it funded. Families with health insurance need to look at their policy to decide if it will fund the device. Insurance benefits vary widely from policy to policy. Just because your friend tried to get a device funded through his/her insurance and they denied it, doesn't necessarily mean your insurance would do the same.

Get to Know Your Plan

Reading your insurance policy, especially the explanation of benefits, is extremely important. If you don't have a copy of your policy, it is your right to have one. Call your insurance company right now! It contains good information about how to file a claim, rental coverage of equipment, and how to file an appeal.

An insurance policy is a contract between the company and the insured. If it's listed in the policy, they cover it. If they do not mention it, they do not cover it. As with most contracts there are grey areas. Fortunately, for the insured, that means the policy is open to interpretation. If the insured person can make a strong argument that it is a covered service, then the company must prove it isn't.

As you read the policy, try to answer these three questions.

What does it cover?
First, you will need to find your policy's definition of medical necessity. It's usually listed near the beginning of the summary of benefits. The definition of medical necessity forms the foundation for determining if a claim is valid. Remember that your policy covers medical claims only. So, the definition of medical necessity is the first hurdle you need to clear. Below is just one example of a definition of medical necessity in a particular policy.

> *Medically Necessary: Means the treatment, confinement or services prescribed by a Physician that is not of an experimental or investigative nature. The Trustees may rely on the advice of a medical professional retained by the Fund to determine whether a particular service, supply or procedure is medically necessary. The Trustees are the sole and final judges of medical necessity for benefits payable under this plan.*

The example offers a liberal definition of medical necessity. It generally says that anything but experimental treatment is covered if a physician orders it. Other policies have more restrictive definitions. You need to find out the exact language in your policy.

Next you'll need to figure out where they cover AT in your policy. You probably won't find the words assistive technology in the summary of benefits. More than likely, you will find the benefit listed under one of these terms: durable medical equipment, prosthetic device or speech, physical or occupational therapy. Find out the definition of each service listed in the policy.

For example, say you want your policy to cover an augmentative communication device (an electronic device that can 'speak' for a person who is unable to communicate verbally). Nowhere in the policy is augmentative communication mentioned. However, as you review the policy you find that the definition of a prosthetic device includes the line: A device used to replace or support a missing or non-functioning body part. That certainly describes augmentative communication. You could use that portion of the policy as a rationale to get the device covered. The communication device meets the prosthetic definition within the policy and your insurance company may cover it.

What doesn't it cover?
Insurance policies usually have a section that describes items that, may be medical in nature, but, the policy does not cover. That area is usually called exclusions. Be sure to read that section to see if they specifically exclude the device you need. For example, many insurance plans exclude orthodontia and experimental surgery.

Does that mean the company would never cover those services? It seems the answer is yes, but it's not necessarily so. Below is one parent's example of how she got orthodontia covered when there was a specific exclusion in the policy.

> *My daughter was inarticulate until she was eight. Nevertheless, she did develop speech skills at that age and continued to improve her articulation until she reached the age of 12 when things started sliding downhill again.*
>
> *We got the diagnosis after evaluations by her pediatrician, pediatric otolaryngologist, dentist and orthodontist. She simply ran out of room in her mouth to articulate speech. She had a vaulted palate, teeth that were far from straight (from anti-seizure medication), causing even less room and finally her 12 yr. molars arrived on the scene. There was no room for her tongue to move around. The team recommended orthodontia.*
>
> *Our insurance policy had a specific exclusion for orthodontics. However, as I reviewed our policy, I felt like the claim related to speech therapy (a covered service) more than orthodontia. Because, if she didn't have the medical treatment, she would continue to lose speech skills. So, I filed a claim under major medical (speech therapy) to have the orthodontia covered.*
>
> *I received a denial. Nevertheless, I filed an appeal and won. The insurance company paid 80% of the claim despite the fact they had listed orthodontia as a specific exclusion to the policy.*

So, as you can see, even if there is a specific exclusion in your policy it doesn't necessarily mean that you can't get it funded. It means you need to find the right justification within the policy to get it funded. Still, you need to know what your policy states about exclusions.

What specific language does the policy use?
The policy will use specific language about covered services. That language directly relates your benefits as a policyholder. Get to know that language. If you fashion your request in a way that uses the language of the policy to make your points, it reduces the likelihood of confusion about your claim.

If you think a communication device fits the definition of prosthetic best, then in your claim call it voice prosthesis. That way the company will better understand your claim and where it is covered in your policy.

Overall, it's a good idea to jot down important information and list page numbers so you can easily retrieve the information. Once you've read the policy, go back through your notes and reread the sections you felt were important. For example, if you need a wheelchair funded, you probably would highlight the section on Durable Medical Equipment (DME). You may also want to highlight the rental section, if you have a short term condition. If you need to get a leg brace funded, you may highlight the sections on prosthetics or physical therapy. If you need to get an augmentative communication device funded, you might highlight sections on DME, prosthetics and/or speech therapy.

Once you figure out where your AT fits best under the benefit plan, you are ready to gather all the pertinent information. This is usually called creating the justification.

Professional Justifications

Insurance companies will only pay for items that are medically necessary. If they feel an item is educational in nature or consider it a luxury item, they will deny the claim right off the bat. That is why it is important to medically justify your AT need. You will first need a letter of medical necessity from your physician. The letter should include information about your disability and its affect on your physical and/or cognitive abilities.

For example, you need a walker to get to the bathroom without falling. The walker addresses your, safety, hygiene and hydration needs. They re medical needs. Being mobile is not necessarily medical. If you need an augmentative communication device an appropriate medical justification may be to express health needs. You will need it to tell your caretaker that you are sick, or that the bath water is too hot, or that you are hungry. Your physician will also need to write a prescription for the AT.

Next, include any evaluations or assessments that recommend the need for the device. These evaluations usually come from a speech, physical or occupational therapist, or some type of rehabilitation specialist. The justification should address the following areas.

How long the evaluator has known you?
If you went to see a therapist specifically for the evaluation, it's OK to say so. However, if the evaluator does not know you well you may want to strengthen your claim. You can do that by getting a letter from a therapist who knows you better stating they agree with the evaluator.

A definition of your condition.
The justification must specifically address your disability or condition. It should contain specific information about your disability or condition. Document adverse impact on "normal" functioning. It's important to prove that because of the disability or condition you have deficits. If you can't prove it, there is no reason for the company to approve the claim.

Prove why the device is treatment for the disability or condition.
Why is this device medical? This is where the therapist creates the link between the device and its medical purpose for you. In addition, it shows the insurance company that it is a benefit of your policy. This is a crucial step in the process. By not addressing this issue, you guarantee a denial.

An explanation that the treatment (device) will lessen the disabling effects of the condition. This too, is an important part of the justification. After all, if the device doesn't help meet your medical need, why should they pay for it? For example, say you need a communication device for vocalization. The therapist could explain how the device assists you in expressing your physical and mental health concerns to health care professionals and care givers.

Prove that it is the least costly treatment alternative to achieve the result.
Insurance companies usually don't mind providing services covered in their policies. However, they don't want to buy a Cadillac when a good Chevy would do the trick. The justification needs to address the fact that the therapist looked at several devices and ruled out some because they were inappropriate, or too expensive and a less costly device would do the same job.

These evaluation reports usually include devices tried and why one device is more appropriate than another. It will describe how the technology is going to help maintain or improve health. This proves its effectiveness versus cost of a device.

Family Justification

Families can also provide documentation to convince the company about the medical need for the device. You can write your own justification letter. It can include information on every day, real-life happenings.

You can also gather information about the device: a picture, a brochure, price lists, etc. Many vendors have success stories of others who used the same device. Keep in mind that the information should relate to medical need. For example, a story about how a child uses an augmentative communication device at school, demonstrates an

educational rather than medical intervention.

Consider videotaping the user trying to perform a medical function with and without the device. It dramatically proves how necessary the device is to the user. You can also send a photograph with the claim. It can remind the claims adjuster there is a person behind all the paper.

Next Steps
Once you gather all the documentation it's time to submit the claim. Most insurance companies require completing a major medical form. If you don't have one, you can get it from the company or from the group's administrator at work. Make copies of all the documentation and attach it to your claim form. Keep a copy for your own files just in case your claim gets lost! Now it's just a waiting game.

Finding help along the way.
Often policy holders want to find out how the claim is moving, or they may experience problems getting that 'yes.' Usually, they call the insurance company and get forwarded to the claims adjuster for help. If possible, try not to deal with them. They may not be your best advocate in this system.

Think about who in the system wants to make and keep you (or perhaps your employer) happy. It is the sales agent. He/she gets money for every person who holds a policy. It is in his/her best interest to keep you happy. If you have a question about coverage or the progress of your claim, try contacting your sales agent for information.

Appeal
If you get a letter denying your claim, you do have a right to appeal the decision. Don't let a 'no' discourage you from trying again. That first 'no' is very often a gate-keeping function to see if you will go away. Persistence pays. The squeaky wheel gets the grease. If at first you don't succeed . . . you get the idea, don't you?

Your policy should contain a section on appeals. It differs from policy to policy, so get to know exactly what your policy requires. Carefully follow the steps outlined in your explanation of benefits plan.

If you use all the internal appeal procedures and are not successful, all is not lost. You can still appeal to the Illinois Department of Insurance. Follow these steps.

Write to: Illinois Department of Insurance, Consumer Services, 320 West Washington, Springfield, IL 62727

In a letter, briefly explain the complaint. Send documentation to back up the complaint. The department will investigate your complaint and get back to you.

Other Tips

Follow procedures.

Most denied claims occur because the person submitting the claim forgot to sign the claim form. That delays the process and adds to the policy holders frustration. Be sure to follow all the procedures listed in the policy and double check your work to make sure it is all there.

Paint a complete picture.
Claims adjusters can only make decisions based on the information you give them. Make sure they have everything they need to get that 'yes.'

For example: You need an electronic lift to help you transfer from the bed to your chair. You need an electronic one because you live alone. However, you didn't tell the company you live alone. They could deny your claim because they felt a hydraulic lift would work for you, not knowing that the reason you ruled out the hydraulic one is that it requires someone to operate it.

Self-insured organizations.
If a self-insured organization insures you, you still should have appeal procedures. However, if you exhaust the internal procedures, you do not have the right to go to the Illinois Department of Insurance. They do not have jurisdiction over self-insured plans.

Remember: READ, JUSTIFY, FILE

Appendix Two
Checklists, Samples & Other Helpful Stuff

Funding of Technology[1]
Checklists

Checklist of Questions to Ask About Technology

- ❑ What are my specific assistive technology needs?
- ❑ What are my technology preferences?
- ❑ Is the technology right for the consumer's age?
- ❑ Have I considered my social and community activities?
- ❑ Have I considered my work/school environment?
- ❑ Can the device help me meet my goals?
- ❑ What are my transportation needs?
- ❑ Did I get an appropriate evaluation to determine the most appropriate device?
- ❑ Who, besides me, needs training?
- ❑ Will the vendor help me with funding paperwork and documentation?
- ❑ Am I able to pay for the device?
- ❑ What funding sources are available to me (VR, Education, Medicaid, Medicare)?
- ❑ How many devices will meet my need?
- ❑ Does the technology do what it is supposed to do?
- ❑ How much will the device really cost?
- ❑ Can I rent it?
- ❑ Can I comfortably operate the technology?
- ❑ Is it dependable?
- ❑ Can I move the device easily?
- ❑ How long will it last?
- ❑ Can I use it with other devices?
- ❑ Will I be able to try it before I buy it?
- ❑ Is there a warranty?
- ❑ What maintenance must I do, and how often?
- ❑ How secure is the device?
- ❑ How easily can I learn to use it?
- ❑ Is it easy to program?
- ❑ Is it easy to put together?
- ❑ Where will it get repaired?
- ❑ Is the device electrical or battery operated?

[1] Partnerships in Planning for State Technology Service Delivery, Howard P. Parette, Jr., Ed., 1990.
And information from table at: http://mason.gmu.edu/~bburkett/fp-table41.html

Checklist for Advocacy Activities

Understanding the Problem

- ❑ What are my needs?
- ❑ How do I feel about the needs?
- ❑ Is my need one that only occurs at certain times? All the time? In a particular location?
- ❑ What agencies or people might have helped me in the past?
- ❑ What have I already tried?
- ❑ What services do I currently receive? (e.g. school, VR, workshop)

Gathering Information

- ❑ Have I called people to find out who provides services?
- ❑ Do I have copies of documents from community agencies that discuss my rights and services provided?
- ❑ Do I have information about the chain of command in community agencies that might help me?
- ❑ Do I have information about the laws that affect me?
- ❑ Do I have copies of tests, evaluations and reports?
- ❑ Have I kept notes of people's names and what they said to me?

Putting Suggestions Into Action

- ❑ Have I developed a written plan to get the device?
- ❑ Do my communication skills need to be improved? These include:
  - Keeping eye contact.
  - Keeping good body posture.
  - Using facial and body expressions.
  - Controlling the tone of my voice.
  - Letting people know that I understand what they are saying.
  - Asking questions.

Take Action

- ❑ Have I suggested to professionals that we meet in my home, church, library, or public building?
- ❑ How well do I know this place?
- ❑ Can I get there early?
- ❑ Have I looked at the seating arrangements for the meeting?
- ❑ Do I know who will be at the meeting what they will contribute?
- ❑ Will other family members or friends be with me at the meeting?
- ❑ Have I made a list of things to discuss with the people present at the meeting? Are the most difficult issues listed first or last?
- ❑ Have the people at the meeting agreed on the meeting length?
- ❑ If I become upset at the meeting, will I be able to ask for more information or ask for a short break?
- ❑ If words are used at the meeting that I don't understand, will I be able to ask people to explain what they mean?
- ❑ Can I keep from telling people that they have to do something?

Definitions of Medical Terms under Medicaid

Speech-Language Therapy

Services for individuals with speech, hearing and language disorders means diagnostic screening, preventive and corrective services provided by or under the direction of a speech pathologist or audiologist, for which a patient is referred by a physician. It includes any necessary supplies or equipment.

42 C.F.R. Section 440.110(c)(1). [42 U.S.C. Section 1396d(a)(11)].

Prosthetic Devices

Prosthetic devices means replacement, corrective, or supportive devices prescribed by a physician or other licensed practitioner of the healing arts within the scope of his practice as defined by state law to:

(1) Artificially replace a missing portion of the body;
(2) Prevent or correct physical deformity or malfunction; or
(3) Support a weak or deformed portion of the body.

42 C.F.R. Section 440.120(c). [42 U.S.C. Section 1396d(a)(12)].

Durable Medical Equipment

Home health services include the following services and items. Those listed in paragraphs (b)(1), (2) and (3) of this section are required services . . .

(3) Medical supplies and equipment and appliances suitable for use in the home.

42 C.F.R. Section 440.70(b). [42 U.S.C. Section 1396d(a)(7)].

Rehabilitative Services

Rehabilitative services . . . includes any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under state law, for maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level.

42 C.F.R. Section 440.130(d). [42 U.S.C. Section 1396d(a)(13)].

Preventive Services

Preventive services means services provided by a physician or other licensed practitioner of the healing arts within the scope of his practice under State law to:

(1) Prevent disease, disability, and other health conditions or their progression;
(2) Prolong life; and
(3) Promote physical and mental health and efficiency.

42 C.F.R. Section 440.130(c). [42 U.S.C. Section 1396d(a)(13)].

Early, Periodic Screening, Diagnosis & Treatment

42 C.F.R. Sections 440.40.50 - 441.59. [42 U.S.C. Section 1396d(a)(4)(B)].

Intermediate Care Facility Services

"active treatment:" a continuous . . . program, which includes aggressive, consistent implementation of a program of special and generic training, treatment, health services and related services . . . that is directed toward:

(i) the acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and

(ii the prevention or deceleration of regression or loss of current optional functional status.

42 C.F.R. Section 483.440. [42 U.S.C. Section 1396d(a)(14)]

Amount, Duration & Scope

Each service must be sufficient in amount, duration and scope to reasonably achieve its purpose.

42 C.F.R. Section 440.230(b)

Diagnosis Based Decision Making

The Medicaid agency may not arbitrarily deny or reduce the amount, duration or scope of a required service . . . to an otherwise eligible recipient solely because of the diagnosis, type of illness or condition.

42 C.F.R. Section 440.230(c)

Best Interests

[Each state Medicaid plan] must provide such safeguards as may be necessary to assure that eligibility for care and services under the plan will be determined, and such care and services will be provided in a manner consistent with simplicity of administration and the best interests of recipients.

42 U.S.C. Section 1396a(a)(19)]

Medical Necessity or Utilization Control

[Each state must] provide such methods and procedures relating to the utilization of, and payment for, care and services available under the plan . . . as may be necessary to safeguard against unnecessary utilization of such care and services . . .

42 U.S.C. Section 1396a(a)(30)(A)

The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures.

42 C.F.R. Section 440.230(d).

I's Dotted & T's Crossed

1. **Consumer information**
   - Name - Your name
   - Address - Your home address
   - Birth date - Month, day, year
   - Health insurance number - Appropriate number for coverage
   - Medical diagnosis - Document medical diagnosis for patient (ICD-9-CM)
   - Speech/language diagnosis - Document speech/language diagnosis for patient (ASHACS)

2. **Family information (if appropriate)**
   - Name - Parents'/primary caregiver's complete name
   - Address - Parents'/primary caregiver's complete address
   - Occupations - Parents'/primary caregiver's occupations
   - Age - Parents'/primary caregiver's ages
   - Siblings - Names and ages of siblings
   - Primary caretaker - Name and address

3. **Facility information**
   - Facility - Where you receive treatment
   - Address/phone number - Facility address and phone (with area code)
   - Physician/speciality - Physician in charge of your case
   - Therapist - PT, OT or other therapist working with you.

4. **Device information**
   - Item description - General description of device being recommended
   - Manufacturer - Maker of device
   - Distributor/dealer - Local source of supply, including service and training

5. **Consumer's physical status**
   - Description of your current physical condition per medical/clinical documentation or personal observation.
   - Adequate/inadequate ratings related to physical parameters, only as they apply to the use of the specific technology selected.
   - Nonessential - Indicate status not related to use of device.

6. **Patient's cognitive prerequisites**
   - Description of your current status
   - If applicable, name of testing instrument and source obtained.

7. **Selection of augmentative communication device**
   - Current means - Describe how this consumer currently communicates and why it is not the best method of choice.
   - Other devices - List other devices considered for this consumer and why they would not be applicable.
   - Rationale - What characteristics of this device influenced the determination that this was the best choice, e.g., portability, size, symbols, service, training.
   - Indicators - Have I used the device? How long? What was observed, e.g., increased initiations or increased activities of daily living (ADL's)?

8. **Prognosis**

Communication ability - Will the consumer's ability to communicate his/her basic needs, such as health and safety information, improve?
Independence - Will the consumer's independence increase with use of the device?
Placement - Will the community placement be effective? Example: Group home vs. nursing home.
Academic ability - Will the consumer's ability to learn and retain new information change?
Vocational training - Will the consumer's ability to advance in vocational rehabilitation improve?

9. **Comments**

Give any comments unique to this device or what it will offer for this individual that would help in determining payment. Use space provided on the reverse side of the summary form.

This summary should be signed and dated by the physician and the speech/language pathologist.

Sample Letter to Physician

(This letter is written by the consumer or other responsible party to the physician.)

Dear Dr. _____.

We are attempting to procure funding for _____ (individual's name) for a device called _____ (device).

As a professional who has worked closely with this individual, your input is essential in this effort. The third party payment agency must receive medical justification from the various professionals who work with the individual in order to determine whether they will cover the device as a medical necessity. Please write a letter/report addressing the issues in the outline below, stressing this individual's need _____(for this device) as well as with other medical personnel regarding his/her medical symptoms, needs, and concerns. This letter should be addressed, "To Whom It May Concern" and returned to me at the address listed below.

1. Medical history and diagnosis
2. Prognosis
   a. Overall
   b. For function without the requested device
3. Degree of difficulty in functioning
   a. Specific examples
4. Prescribed device
   a. Why appropriate for medical purposes
5. Additional supportive comments
   a. If the physician has seen the individual use the device, comments regarding the individual's effectiveness with the device should be included.

Remember, the medical third party payment agency is concerned with medical necessity only.

Thank you. We will keep you informed of our progress with this project.

Sincerely,

Sample of Letter to Speech/Language Pathologist

(This letter is written by the consumer or other responsible party to the speech/language pathologist.)

Dear _____,

We are attempting to procure funding for _____ (individual's name) for a device called _____ (device).

As a professional who has worked closely with this individual, your input is essential in this effort. The third party payment agency must receive medical justification from the various professionals who work with the individual in order to determine whether they will cover the device as a medical necessity. Please write a letter/report addressing the issues in the outline below, stressing this individual's need _____(for this device) as well as with other medical personnel regarding his/her medical symptoms, needs, and concerns. This letter should be addressed, "To Whom It May Concern" and returned to me at the address listed below.

1. Medical history and diagnosis
2. Describe the therapy methods used in trying to promote the individual's functioning.
   a. How long has the individual been in therapy?
   b. Methods used to encourage functioning
3. Prognosis for functioning
4. Individual's present means of functioning
   a. Why it is appropriate/insufficient for medical purposes
5. Describe alternatives to present means of functioning which have been investigated
   a. Why they are not appropriate
6. Prescribed device
   a. Why is this device more appropriate than other devices?
7. Detailed description of the individual's trial period with prescribed device, if applicable

Thank you. We will keep you informed of our progress with this project.

Sincerely,

Sample of Letter to Occupational Therapist

(This letter is written by the consumer or other responsible party to the occupational therapist.)

Dear _____,

We are attempting to procure funding for _____ (individual's name) for a device called _____ (device).

As a professional who has worked closely with this individual, your input is essential in this effort. The third party payment agency must receive medical justification from the various professionals who work with the individual in order to determine whether they will cover the device as a medical necessity. Please write a letter/report addressing the issues in the outline below, stressing this individual's need _____(for this device) as well as with other medical personnel regarding his/her medical symptoms, needs, and concerns. This letter should be addressed, "To Whom It May Concern" and returned to me at the address listed below.

1. Medical history and diagnosis
2. Length of time you have provided services
3. How does the individual's lack of functioning hinder therapy and how does it affect the individual's progress?
4. How would verbal communication allow the child to receive maximum benefit from therapy?
5. Additional supportive comments
   a. If you have seen the individual use the device, comments regarding the individual's effective use of the device should be included.
   b. Provide comments regarding the individual's ability to physically access the device.

Thank you. We will keep you informed of our progress with this project.

Sincerely,

Sample of Letter to Physical Therapist

(This letter is written by the consumer or other responsible party to the physical therapist.)

Dear _____,

We are attempting to procure funding for _____ (individual's name) for a device called _____ (device).

As a professional who has worked closely with this individual, your input is essential in this effort. The third party payment agency must receive medical justification from the various professionals who work with the individual in order to determine whether they will cover the device as a medical necessity. Please write a letter/report addressing the issues in the outline below, stressing this individual's need _____(for this device) as well as with other medical personnel regarding his/her medical symptoms, needs, and concerns. This letter should be addressed, "To Whom It May Concern" and returned to me at the address listed below.

1. Medical history and diagnosis
2. Length of time you have provided services
3. How does the individual's lack of functioning hinder therapy and how does it affect the individual's progress?
4. How would verbal communication allow the child to receive maximum benefit from therapy?
5. Additional supportive comments
   a. If you have seen the individual use the device, comments regarding the individual's effective use of the device should be included.
   b. Provide comments regarding the individual's ability to physically access the device.

Thank you. We will keep you informed of our progress with this project.

Sincerely,

Sample of Letter to Teacher

(This letter is written by the consumer or other responsible party to the teacher.)

Dear _____.

We are attempting to procure funding for _____ (child's name) for a device called _____ (device).

As a professional who has worked closely with this child, your input is essential in this effort. The third party payment agency must receive justification from the various professionals who work with the child in order to determine whether they will cover the device as a medical necessity. Please write a letter/report addressing the issues in the outline below, stressing this child's need _____(for this device) as well as with other medical personnel regarding his/her medical symptoms, needs, and concerns. This letter should be addressed, "To Whom It May Concern" and returned to me at the address listed below.

1. Medical history and diagnosis
2. Length of time you have provided services
3. Describe specific situations, if appropriate, in which the child was ill or not feeling well and how this was handled within your classroom. Many teachers have reported incidents in which the child was ill and they interpreted it as, "The child was having a bad day."
4. How would improved functioning allow this child to receive more timely medical care?
5. Additional supportive comments
   a. If you have seen the child using the above device, comments regarding its effectiveness should be included.
   b. Provide comments regarding the child's ability to physically access the device.

Thank you. We will keep you informed of our progress with this project.

Sincerely,

Sample of Letter to Parent

(This letter is to be written to the consumer or other responsible parties from the advocate, if he or she is not the advocate.)

Dear _____,

We are attempting to procure funding for _____ (individual's name) for a device called _____ (device).

Your input is essential in this effort. The third party payment agency must receive medical justification from the various people who work with the individual in order to determine whether they will cover the device as a medical necessity. Please write a letter/report addressing the issues in the outline below, stressing this individual's need to communicate with you as well as with other medical personnel regarding his/her medical symptoms, needs, and concerns. This letter should be addressed, "To Whom It May Concern" and returned to me at the address listed below.

1. Medical history and diagnosis
2. How does your/the individual's lack of verbal communication hinder medical treatment?
3. Give specific examples of situations in which medical problems may have been prevented or treated in a more timely fashion had you/the individual been able to function better.
4. How would improved functioning allow the you/individual to receive appropriate and timely medical care?
5. Additional supportive comments
   a. If you/the individual has had a trial period using the above device, comments regarding its effectiveness should be included.
   b. Provide comments regarding you/the individual's ability to physically access the device.

Thank you. We will keep you informed of our progress with this project.

Sincerely,

THE NETWORKER

A BAKER'S DOZEN OF "EXCUSES" FOR DENYING ASSISTIVE TECHNOLOGY FUNDING

by Lewis Golinker

This article discusses 13 common "excuses" offered by four funding programs to deny requests for assistive technology devices, such as power wheelchairs or other seating, positioning and mobility devices, augmentative communication devices, or computers and environmental controls. The four funding programs are Medicaid, special education, vocational rehabilitation, and private insurance. The "excuses" discussed are typical of the "no's" that will be given when inquiries are made about, or applications submitted for, a variety of assistive devices.

Responses to each excuse are also presented that will enable applicants for these devices to "get past the "no", to secure funding. The responses explain why each "excuse" is wrong, and why it should not be accepted as a final decision on the funding request. Stated another way: even if applicants cannot secure initial decisions that support funding and thereby "avoid a 'no" the arguments provided here will at least help identify some of the invalid reasons to deny funding, and suggest ways to overcome them.

These 13 "excuses" have been abstracted from a series of three papers - You Want Us to Fund That? [Seating, Positioning and Mobility Devices]; You Want Us to Fund That, Too? [Augmentative Communication Devices]; And Now You Want Us to Fund This As Well? [Computers and Environmental Controls] - developed as part of UCPA's Project Mentor. The papers may be obtained by writing to UCPA, Suite 1112,1522 K Street N.W., Washington, D.C. 20005.

I. Medicaid

Excuse #1: Augmentative Communication Devices Are Not Medically Necessary

Response: State Medicaid programs are authorized to limit services to those that are "medically necessary." However, it is beyond question that augmentative communication devices will satisfy that criterion. The key is to explore the limitations in the person's ability to communicate without an augmentative communication device. For example:

- ♦ Can the person now communicate his/her medical complaints, questions or concerns to a physician, or are these exchanges limited to a caregiver asking "directed questions" to which the person can make only a "yes/no" response?
- ♦ Is the person able to have a confidential conversation with his/her physician, or is the person's expressive communication understandable only to persons who are "familiar listeners," such as a family member or regular caregiver? Is a familiar listener required to serve as an "interpreter" when the person communicates with a physician?
- ♦ Can the person tell caregivers that s/he has an emergency medical need, or a routine need for care, whether it be positioning, toileting, hunger, thirst, pain, etc., or whether any/all of these services, once provided, satisfy their needs?

Is there an "expressive communication gap," i.e., a significant difference between the person's vocabulary and ability to understand language, and his/her ability to use language and/or

express his/her thoughts? If so, is there any evidence that the person is experiencing frustration, depression, withdrawal as a result of the inability to communicate?

A person found appropriate for a communication device is likely to have many of the limitations described above. Each limitation describes a "medical" need: to communicate with a physician and/or principal caregiver in a manner sufficient to determine the person's care/treatment needs, and to determine whether those needs have been met satisfactorily; to prevent and/or address an emergency medical need, and to prevent and/or address real and/or foreseeable injuries or impairments.

In addition, the devices that will be both necessary and sufficient to meet those medical needs must enable users to communicate as completely as their language and vocabulary skills will permit. There are no fixed number of "medically related words" that can be identified. People need to express themselves as normally as possible, regardless of the subject of the communication or communication partner. The failure to have this potential may lead to depression and other related impairments.

Excuse #2: Seating, Positioning & Mobility Devices Will Increase Your Social Interaction, Quality Of Life Or Meet Your Educational Needs

Response: Medicaid may attempt to deny a seating, positioning, or mobility device by claiming that the device will primarily address the user's social or educational needs, or that it simply will improve the user's quality of life. These excuses are based not on the medical need for the device, but the uses to which the device will be put. They are frequently cited, but are not relevant to the question whether the device must be supplied by Medicaid.

For residents of intermediate care facilities, improved social functioning and improved quality of life are both requirements of the facility imposed by the Medicaid regulations. In addition, discharge potential is a required assessment criterion. Many less restrictive settings for residents of intermediate care facilities will require independent mobility. Thus, to state that an assistive technology device will address those concerns is a means to demonstrate that the facility is meeting its obligations, not a reason to deny a service.

Even more generally, regardless where the person lives, or whether s/he is a child or adult, accompanying any request for Medicaid services is a prescription by a physician, and a justification of the medical needs to be served by the device. The prescription and justification are the crucial documents in any Medicaid services request. That a device meets medical needs is all that is required. To do so, it must lessen or eliminate impairment related limitations on the prospective user's ability to function normally, i.e., to perform the tasks as do persons with no disabilities.

It does not matter what other benefits also may be conveyed to the user. In the context of mobility, it does not matter to where the person may want to go, or why. The medical need for the mobility device is setting independent. It is obvious that a power wheelchair will enable the user to take advantage of a wide array of community resources, and that it is not provided solely to enable the user to have in-house mobility: that is why power wheelchairs are supplied with batteries, and not extension cords.

In addition, it should come as no surprise that a medical service will improve the recipient's quality of life. This observation by Medicaid is a statement of the obvious. It is inconceivable

that a person will request, or that a physician will recommend, a course of care or treatment that will decrease the person's quality of life. Of course care, treatment and services' are prescribed to increase the person's quality of life.

The problem for Medicaid is that the "quality of life" excuse is too good: not only could it be used to deny assistive technology devices and services, but it could be used effectively to deny every Medicaid service requested by every recipient. Although such a result may save a state a lot of Medicaid expenses, it also would cause the state Medicaid program to cease to exist.

The educational purpose "excuse" is most often directed to persons less than 21 who are eligible for special education pursuant to the Individuals with Disabilities Education Act. However, state Medicaid programs cannot escape funding seating, positioning and mobility devices simply by claiming the devices are educational. They also cannot otherwise shift the costs of covered services, such as these devices, to schools. In fact, the law permits the reverse: schools can shift the cost of "related services" that are covered by Medicaid to Medicaid. Medicaid cannot deny funding because the seating, positioning or mobility device is to be used at school, or because the request for funding comes from a school evaluation. Congress has prohibited Medicaid from refusing to fund "related services" listed on the individualized education programs ("IEP's") when those services also are covered services in the state Medicaid program.

Because EPSDT now requires all services available for federal reimbursement to be provided to persons less than age 21, school age children will have access to Medicaid funding for all necessary health related services, including assistive technology devices and services. Indeed, simply having the devices listed on a child's individualized education program ("IEP") should be sufficient to secure Medicaid funding for an eligible child.

Excuse #3: You Can Have A Powered Wheelchair Or Scooter Only If You Would Be Chair-Or Bed-Bound Without One

Response: Medicaid may state that a person who is able to use scissors-gate, crutches or a manual wheelchair to achieve some mobility is ineligible for powered mobility, either to replace existing aids, or to supplement them. This "all or nothing" excuse finds no support in the Medicaid Act or regulations. There is nothing in the Medicaid Act, and no rule or regulation, that states a person must be chair- or bed, bound as a prerequisite to eligibility for these devices. Rather, persons with disabilities are entitled to seating, positioning and mobility devices that are condition appropriate.

While at home, the short distances and tight indoor spaces may make reliance on crutches or scissors-gate, or a manual wheelchair appropriate. But if a person is able to use scissors gate, crutches or a manual wheelchair to get around the house, there is no requirement that s/he use that means of ambulation for all mobility.

Persons without disabilities are not expected to walk wherever they must go, regardless of distance, conditions or geography; to abandon daily activities that may be more than a few blocks from their homes; or use all their stamina or risk onset of crippling secondary impairments to accomplish those tasks; and they are not expected to arrive at school, a workplace, or social engagement physically exhausted from the effort of traveling from home. On the contrary, persons without disabilities are able to accomplish all of these tasks in a

comfortable, non-physically challenging manner, by utilizing an integrated mobility strategy that involves walking and other means of transportation as well. Medicaid must provide persons with disabilities the assistive devices that will provide those same opportunities. For a child or adult living at home, either EPSDT or home health care services must enable the person to live as independently as possible in their home setting.

Excuse #4: The Person Is Too Young/Old To Receive An Augmentative Communication Device

Response: An applicant's age is not a valid factor in determining his or her eligibility for Medicaid funded augmentative communication devices or services. The Medicaid program is only able to consider a person's degree of medical need in making eligibility determinations.

A person's appropriateness as a candidate for augmentative communication in general will not be affected by his/her age. There is no minimum age below which a person cannot use an augmentative communication device, and there is no maximum age beyond which a person cannot use a device effectively. Rather, the particular device/system determined to be appropriate will be very much dependent on the person's age, communication abilities and communication needs. Medicaid has funded devices for persons as young as 5, and as old as 65.

II. Special Education

Excuse #5: Schools Are Not Required To Provide Seating, Positioning or Mobility Devices: If The Child Needs One, Someone Else Must Pay For It

Response: Children between age 3 and 21 are entitled to a "Free Appropriate Public Education" (FAPE) under the Individuals with Disabilities Education Act ("IDEA"). A FAPE consists of 3 interrelated parts: special education, related, services, and least restrictive environment.

In August 1990, the U.S. Department of Education, Office of Special Education Programs stated that assistive technology will fall within the definitions of each of these FAPE components. The OSEP Policy Letter also states that school districts may not refuse to consider a child's need for any form of assistive technology, or to provide the assistive technology devices and services that are determined to be necessary.

In the Individuals with Disabilities Act Amendments of 1990, Congress supplied definitions to the terms "assistive technology devices' and "assistive technology services.' Seating, positioning and mobility evaluations, devices and follow along services clearly fall within the scope of these definitions. Read together, the OSEP Policy Letter and 1990 IDEA Amendments make clear that seating, positioning and mobility evaluations, devices, and follow along services fall within the scope of the IDEA, and that they must be provided by school districts when determined to be necessary.

Most often, these services will be provided as part of physical or occupational therapy services, which are listed as related services under the Act. The key will be to show that the child requires these services in order to "benefit from his or her special education." For children with extremely severe impairments, the special education they receive may be primarily devoted to proper seating or positioning; for others, appropriate services may be necessary to enable the child to sit properly, and thereby be able to be attentive throughout

the school day. In either case, seating and positioning assistance is required.

Excuse #6: Parents Or Private Health Insurance Should Pay For The Device
Response: The "Free" in FAPE is extremely significant with regard to children with disabilities who may require assistive technology. As stated in the IDEA and regulations, all aspects of the special education and related services provided to a child must be "at no cost to the parents." This term is interpreted broadly.

The "at no cost" rule prohibits school districts from refusing to include equipment, services or programs in the IEP based on its expense. And, once stated on the IEP, the school district must provide the equipment, services, and program needed to provide a FAPE. The only time "cost" can be taken into consideration is where two alternatives exist that would each enable the child to receive an "appropriate" education. In that circumstance, the district may choose the less expensive option.

If school districts must provide a FAPE in a cost-blind manner, immediate attention will be directed to opportunities for cost-shifting to other sources. Among the most obvious sources are the parents' themselves, and private health insurance policies.

I. Schools Cannot Require Parents To Pay For Programs, Services Or Equipment Listed On A Child's IEP

School districts cannot evade the "at no cost to parents" rule by telling parents they must pay for the needed equipment, services, or programs themselves. Schools cannot state that because a seating, positioning or mobility device can and will be used at times when school is not in session, such as before and after the school day, and on weekends and holidays, the school is therefore not obligated to provide it. This "excuse" makes no real sense: everything children are taught and learn in school is intended to be used and further refined beyond the school setting. That is the whole purpose of school: preparation for life.

Children receive physical education instruction, as well as seating and posture instruction, in order to promote their physical development for life as a whole. They do not receive these services just to develop the physical stamina to make it through the school day. When viewed in terms of the goals of education as a whole, the" out of school" benefit excuse ceases to make any sense. It could just as easily be applied to justify not providing mathematics or science instruction. Obviously this is not a valid criterion to determine the school's duty to provide services.

Schools also cannot refuse to provide a needed seating, positioning or mobility device on the basis that the child can bring the device from home. This "excuse" also cannot pass a common sense test: children are not asked whether they have copies of reading materials at home, and if so, books are not provided at school. Children are not asked whether they have basketballs or footballs at home, and if so, gym equipment is not provided. Children are not asked whether they have bicycles, or whether their parents have cars, and if so, transportation is hot provided. Why then should it matter whether a child has a an assistive device at home? In fact, it does not. While there is no barrier to a child bringing assistive technology from home to school, schools have no authority to mandate it.

Finally, schools cannot claim that a particular service identified as an IDEA "related service"

is needed, but for "medical" as opposed to "educational," reasons. Congress identified a wide range of "health" services as educationally "related;" school districts are not free to ignore or evade that designation. Once a service is identified as being "needed" for the child to benefit from his/her special education program, then the service must be provided by the schools. By recognizing the connection between the service and the child's special education, the educational/medical distinction ceases to have any significance. The only alternative is for the school to argue that the service is not needed at all.

ii. Schools Cannot Require Parents' Health Insurance To Pay For A Child's FAPE

Since 1980, the U.S. Department of Education has stated that school districts are absolutely forbidden from requiring the parents of a child with handicaps to use private insurance proceeds to pay for required services where the parents would incur a financial loss. In addition, even if it could be established that no such loss would occur, coercion still is forbidden: the use of insurance proceeds must be voluntary.

The U.S. Department of Education reported on research findings that 73% of all health insurance policies had lifetime dollar caps; 71% had annual or lifetime limits on coverage for specific services; that claims use affected future insurability; and that claims use raised future insurance costs. On the basis of this research, OCR restated the validity the 1980 interpretation. The possibility that a "cost" will be associated with use of an insurance policy can be both explicit, and implicit. For example, a policy may cover durable medical equipment, as well as other services that may be IDEA-related services. However, the policy also may include caps on coverage, deductibles, co-payment responsibilities, or other express or subtle limitations that would constitute a"cost" or "financial loss" if the policy is used for services in school.

Care must be taken to ensure that a policy does not have such a limitation before a parent considers using his or her insurance to pay for a seating, positioning or mobility device or physical or occupational therapy services that would otherwise be the responsibility of a local school district. This provision does not preclude school districts from asking parents whether they have any insurance coverage, but school districts have no authority to require parents to disclose those policies, or to permit school authorities to review them.

Excuse #7: We Do Not Have The Money To Pay For Seating, Positioning Or Mobility Devices

Response: There are a number of "truisms" relating to educational expenses for children with disabilities. One is that the IDEA applies equally to every school district in each state. Its requirements are the same for big city school districts, wealthy suburban districts, and small, poor, rural school districts. Another is that the IDEA does not provide much federal financial assistance to any state or school district: the costs of meeting the IDEA's mandates or special education and related services remain largely a state and local responsibility. A third truism is that the cost of providing an appropriate education to a child with disabilities cannot be a consideration in determining whether the programs and services are to be provided.

These truisms will have unequal application because some districts are more wealthy, and "able" to provide the variety of services children with disabilities may need. Yet a district's "ability/willingness" is not lawfully a factor in determining its duty to provide an appropriate education. No child, anywhere in any state, need accept anything less than what the IDEA

mandates: i.e., an appropriate education, including, where necessary, the provision of seating, positioning and mobility. Schools cannot escape consideration of seating, positioning or mobility for children because of cost. Schools cannot escape providing devices and services related to these needs because of cost. The only opportunity available to schools to consider cost is in regard to choosing between two equally appropriate alternative courses the schools are then free to choose the one that is least expensive.

But that option will have limited, if any, opportunity for application in regard to seating, positioning or mobility. For a child who is an appropriate candidate for assistive devices or services, there really will be no alternative service that will provide equal benefits. Also, few of the many devices/systems available have features that permit direct comparisons, and hence cost comparisons.

Excuse #8: A Computer for Your Child Will Constitute the Child's Best Educational Program, But Is Not Required For An Appropriate Program

Response: All children with disabilities are entitled to a Free Appropriate Public Education. Schools that will oppose specific educational programs or services on the basis of appropriateness' almost always are attempting to save money, protect the school's control over the design of programs, or both. "What we provide is appropriate; what parents seek is "best," is a common response to a request for programs or services other than what the school district offers. When school districts refuse to provide assistive technology, all of these "excuses" will be at work.

A program is "appropriate" when it confers "educational benefit." Unfortunately, there is no substantive requirement in the IDEA concerning the "degree" of benefit that must be provided. While there is no precise standard as to how much "benefit" must be conferred, it is clear that educational programs must do more than prevent regression, or provide "de minimis" (i.e., something greater than zero) benefit Rather, the "benefit" must be "meaningful."

For some children, the degree of benefit will be the elimination of the educational limitations imposed by the child's disability. This will be most clear for children who were placed in segregated classes because they had physical disabilities. Although this practice never was justified, except by the prejudices, fears and ignorance of educators, it was done, and many such classes still remain, even 15 years after the EHA/IDEA was enacted. For such children an assistive device can result in placement in a regular education classroom, and instruction in the mainstream curriculum. For other children, the device may permit the development of new goals related to each of the areas of benefit, based on new expectations of the child's potential.

But are these improvements "appropriate" or "best"? The answer lies in the description of the child's program before the computer aided instruction is considered. Questions must be asked about the child's goals in each of the areas the assistive device can address:

- Does the child have access to all the instruction and other activities that are available to other children his/her age?
- Has the child reached the same level of social maturity as his/her age peers?
- Is the child placed in a regular classroom, receiving the mainstream curriculum?

For almost all students who are appropriate candidates for computer aided instruction, the answer to these questions is almost certainly to be "no." If so, the next question is whether the school has set instructional and related services goals that will enable the child to achieve

those performance levels prior to age 21 when the child's educational entitlement ends? That, too, is likely to be answered in the negative.

What, then, are the levels to which the school is expecting the child to reach? It may be that the school district has set very limited goals for the child, if it has considered his/her long term goals at all. Schools that maintain segregated classes for children with physical disabilities are likely to have stated the lowest - and least realistic - expectations for these children.

Yet here is where the benefits of computers and other assistive devices can be seen most clearly. These devices may provide significant opportunities for the child that never before were considered attainable: participation in the regular education curriculum, employability, independent living. Changes in educational programs that will lead to any of these goals are not "best" programs; rather, the denial of instruction and/or services that will lead to these goals is not appropriate.

A critical review of the child's individualized education program ("IEP") is required. The IEP should describe the special education and/or related services designed to increase the child's integration into regular education; cognitive development; physical development; social maturity; and academic skills. But not every child who is an appropriate candidate for assistive devices will have such goals on his/ her IEP. Many children with disabilities may not be receiving any instruction designed to increase these skills.

Parents should be particularly alert to IEPs that omit any functional skills development and/or academic skills development goals for children with disabilities (for example, the elimination of expressive communication goals for a child who is non-speaking). When any of these fundamental educational goals is omitted, the schools are stating their assumption that the child has no potential to benefit from instruction in that subject. Such conclusions stated for any child, particularly in light of the vast array of educational software programs that are available, should be suspect.

For these children, computer aided instruction may enable them to develop and benefit from many different academic and social opportunities. Increased learning, increased communication skills, and less restrictive placements will all increase the child's general level of benefit from the educational experience. By being able to be more attentive and receptive to instruction, these children may be able to benefit from instructional opportunities, develop friendships, and participate in extracurricular clubs and activities that previously were thought unattainable.

By contrast, where no such goals are stated on a child's IEP, the school district will be required to demonstrate that the child could not develop such skills even with computer aided instruction, an augmentative communication device, and/or appropriate follow-along services. Like the proof of any "negative assertion," this is likely to be an impossible task.

For school districts that are supplying "some" computer instruction, or other services that address social and academic skills development, the degree of these services must be measured in regard to the abilities of children without disabilities who are the same age. The district will have to prove that either the current level of services enables the child to develop these skills to the same degree as his or her age peers, or that even with computer aided instruction, the child would not develop these skills at a rate or to a degree significantly greater

than s/he will without the device. This standard also is unlikely to be met. In general, computer technology may open up many new opportunities for children with disabilities. Schools cannot use the criterion of an "appropriate" education to retard their development.

Excuse #9: This Communication Device Is The School's Property: You May Use It In School, But You May Not Take It Home

Response: Some school districts may provide a communication device, and then attempt to limit the child's access to it by stating the device cannot be removed from school property. The "excuse" will be that the devices are expensive and, to some degree, fragile. Schools will seek to prevent-loss and/or damage by restricting their circulation. While these "excuses" may have some superficial appeal, they also limit the development of the child who uses the device. Loss/damage control, which is synonymous with "cost," is no more permissible a basis to refuse to allow a communication device to go home than it is to deny providing the device at all. If the device can be justified for school use, there can be no reasonable basis to restrict it to that setting.

To look at ownership is to ask the wrong question. Indeed, ownership is not a relevant factor. School books are the property of the school, yet children are expected, even required, to take them home to perform homework and continue their studies. School supplies are the property of the school, yet which parents have not covered their refrigerator with their child's artwork? School owned musical instruments are another example of school property that is permitted to travel home with children.

The correct question is to examine how the devices are used, and in this regard communication devices' fall into a unique category: they can be most closely compared to a part of the child's body, substituting for his/her non-working vocal apparatus and fine motor control. Communication devices have no parallel to school books, desks, chairs, or any other items constituting school property. Viewed in this way, it is obvious that a child will not leave "part of him/her self" in school at the end of the day or week, or during vacations.

The "school only" problem can be avoided by careful crafting of the child's IEP. Here the goal must be to equate the device with other "things" children are permitted/expected to take home with them. For example, an IEP goal should state that the child is to develop greater functional skill in the use of the device. If this is present on the IEP, learning the device becomes a substantive part of the child's program. As such, the child would be able to take the device home to the same extent any other child can take home a textbook or other school resource to practice his/her lessons or further his/her learning. Equally true, the child should be assigned "homework" related to use of the device, just as children receive homework in their academic subjects.

A second IEP goal should state that the child shall develop increased substantive skill in expressive communication, social skills development, and demonstration of academic skills. To achieve these goals, the child will have to take the device home to practice his/her lessons, just as other children take home their texts.

A third IEP goal must focus on communication partners, such as parents, siblings and friends. Use of augmentative communication devices requires special skills on the part of these persons. They must be patient to enable the device user to complete a thought, and must ask questions and communicate in ways that encourage the child to use the device more flexibly

and efficiently than just to say "yes/no."

Just as the IEP must state that all persons in the child's school day must learn these skills, so too should it state that these skills will be learned by persons in the child's home and community. School staff should provide services to the child's parents, both for their own knowledge, and in a form capable of being passed on to others who regularly participate in their son or daughter's activities.

With IEP goals such as these, schools will not be able to justify restricting communication devices to school grounds. Schools expect their lessons to have carryover beyond school grounds. Lessons learned regarding vocabulary, grammar, syntax, etc., are expected to be practiced after school, on weekends, and vacations. Social skills, the development of which also are an important component of education, also are expected to be practiced and refined away from school grounds. Indeed, the assimilation of social skills instruction is principally an extra-curricular matter. For the child who uses a communication device, however, demonstration, practice and further refinement of these skills is possible only if continued access to the device is available. The "can't take it home" excuse should be undercut by careful preparation of the IEP, and rejected out of hand if ever it is raised.

III. Vocational Rehabilitation

Excuse #10: We Will Not Provide An Assistive Device Because We Do Not Believe You Have Vocational Potential

Response: A common "excuse" by vocational rehabilitation agencies has been to deny the existence of vocational potential to persons whose employment opportunities may require a lot of work, time and/or cost. In large measure, persons with severe disabilities have been the ones excluded from receiving vocational rehabilitation services on this basis.

Although such decision making never was proper, the 1986 Amendments to the Rehabilitation Act clearly proscribe such conduct. The Act prohibits vocational rehabilitation agencies from issuing determinations that a person lacks vocational potential without first considering whether the person could benefit from "rehabilitation engineering services." Rehabilitation engineering includes the provision of equipment or devices to the individual, and the adaptation of the physical environment (home and/or workplace) to enable persons to work or to perform everyday activities.

Thus, an initial question to ask is whether any consideration of rehabilitation engineering was given prior to the issuance of the adverse finding. It is likely the answer will be "no," and for this reason the adverse finding cannot stand. The person seeking vocational rehabilitation services can insist on receiving a rehabilitation engineering assessment prior to the issuance of a rehabilitation potential determination.

Even if the agency claims that rehabilitation engineering was considered, it is unlikely the agency could sustain an adverse determination. There are no objective tests to measure the appropriateness of rehabilitation engineering services, and no generally accepted criteria to determine the skills level of the evaluator. Rather, to date, the scope of the service has been limited only by the skills and imagination of the person with disabilities, the rehabilitation counselor, the evaluator, and potential employers.

Determining the vocational potential of a person who requires an assistive device as a rehabilitation engineering service may require some effort by the rehabilitation counselor, but it will be the rare person indeed, a person with exceptional disabilities, who will not be able to satisfactorily perform competitive work, sheltered work, supported work, or any of the other possible rehabilitation "outcomes" even with the provision of rehabilitation engineering.

Excuse #11: We Are The Payor Of Last Resort: You Must First Exhaust All Other Possible Sources Of Funding for Your Seating, Positioning or Mobility Device

Response: This statement is correct: in general, vocational rehabilitation programs are payor of last resort. But this criterion is not applicable to "rehabilitation engineering." This service, added to the Rehabilitation Act in 1986 and which includes seating, positioning and mobility devices, must be provided without regard to the availability of "similar benefits," i.e., other potential sources of funding for the devices or services. A person determined to be an appropriate candidate for a seating, positioning or mobility device can seek full vocational rehabilitation payment for the devices and services without regard to the person's eligibility for any other benefits program.

IV. Private Insurance

Excuse #12: This Policy Will Not Cover Services That Can Be Obtained Without Charge From Any Other Funding Source

Response: Insurance policies, like all other funding sources, attempt to position themselves as the payor of last resort. Both the federal Medicaid and vocational rehabilitation laws have express provisions about their "payor of last resort" status. Many insurance policies have similar provisions. These may be written as coverage limitations stating that

- services that can be obtained without charge from any other funding source are not covered, or
- for persons between the ages of 3 and 21, a specific list of services are not covered if they are required to be provided between the hours of 8 a.m. and 3 p.m.

The first limitation is designed to force people to use government benefits before seeking payment from their insurance policy. The second is specifically designed to force children to use the special education program as the primary payor for required health services. The list of excluded services will parallel the list of "related services" in the Individuals With Disabilities Education Act (IDEA).

The response to these "excuses" is that persons eligible for Medicaid are required by federal law to use their insurance benefits first, before seeking Medicaid coverage. No insurance policy can exempt itself from that federal law. In fact, people eligible for Medicaid may be able to secure a seating, positioning or mobility device from Medicaid, and "assign" Medicaid the person's rights to reimbursement from their insurer. Medicaid will be able to provide reimbursement to the vendor of the device, and then the state can be reimbursed by the insurance company.

Persons eligible for vocational rehabilitation services are directed to utilize "similar benefits" for many VR services. In addition, they may be required to make a financial contribution to the total cost of those services. If there is a financial contribution requirement by the state VR program, the service obviously is not available for free, and the insurance policy limitation will

not apply. Indeed, it may be in the insurer's financial interest to pay the person's "co-payment" responsibility under the VR program, rather than pay the full cost of the device under the policy.

If there is no "co-payment" requirement, the VR program will be required to pay for the full cost of the device. As noted above, seating, positioning and mobility devices, and other services that fall within the definition of "rehabilitation engineering" are exempt from similar benefits considerations. For any of these services, the VR program will be required to provide the service without cost, and a request to VR instead of the insurer may be appropriate.

Children with disabilities are similarly entitled to a Free Appropriate Public Education. Schools are expressly forbidden from refusing to provide needed services, such as seating, positioning and mobility devices and services as a means of forcing the child to utilize insurance benefits, or from making demands on insurance companies to provide payment for "related services" that may also be covered services under an insurance policy.

But who pays when the schools and/or the state VR program, which may be required to provide free services, refuse to provide those services, stating that the seating, positioning or mobility device fails to meet their program criteria? Can the insurer then refuse to provide coverage by still asserting that the device is available for free from another source?

There is no clear answer to these questions. The most reasonable response is that the "assignment model" used by Medicaid should be carried over to the insurance company: if the insurer asserts that the device is available for free even though the special education or VR program has rejected the request for funding, let the insurance company proceed with an appeal of the rejection from that other source. However, before any assignment is made, the person must insist that the appeal be taken <u>after the insurer has provided funding for the device itself as a covered service under the policy.</u>

Excuse #13: This Device Or Service Is Not Covered By Your Policy, But We Will Cover It As An <u>Exception</u>

Response: Insurance companies may respond to a request for or appeal in regard to augmentative communication devices or services, or other types of assistive technology, by stating that the requested device or service is not covered by the policy, but an <u>exception</u> will be made, <u>this time</u>, to grant the request. This response, while positive, should be recognized for the excuse that it is. Insurance companies are not I nice guys' who will grant exceptions because the request is written politely, or because the applicant is a nice person, or truly needy. Rather, insurance companies will grant benefits because they are required to do so. Period.

As noted above, most policies will not explicitly reference communication devices or services. That will require an interpretation of the policy. Stated in other words: there will be an <u>ambiguity</u> in the policy in regard to the request for augmentative communication.

Insurance companies may want you to "feel good" about receiving approval for requested devices or services by calling the approval an "exception." What they are not stating, however, is the absolute certainty that every ambiguity in an insurance policy will be resolved against the insurance company.

If the question is coverage, every ambiguity will be resolved in favor of coverage. The courts

recognize that insurance is a "take it or leave it" proposition, and that the contracts do not result from typical bargaining. For this reason, the law has evolved in every state to interpret insurance policies against the company: it had total discretion in the policy's wording. If the company, even with a free hand, could not be clear as to what was covered, or subject to limits, then the policy will be read in favor of the beneficiary. The importance of "exceptions" is to recognize that yesterday's exception is tomorrow's rule.

Speech pathologists or other services providers must keep records of policies that cover communication devices and services, and especially those that do so by "exception." Parents also must keep close watch of these "exceptions." Many times, other people will make requests to the same insurer for the same services. Or, requests will be made by the same beneficiary, for services that may be similar to those previously approved. In either case, a long memory will force the insurance company to explain why the "exception" will not apply to the later requests, a step they may be unable, or unwilling, to take.

Lewis Golinker, Funding Coordinator for UCPA's Project Mentor, is an attorney with 12 years experience representing persons with disabilities. For 10 years, he worked as a star attorney for the New York State Protection & Advocacy program where he developed an expertise in assistive technology funding.

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SAMPLE 1: FUNDING WORKSHEET

Date	Person & Number Called	Results

DEVELOPING A FUNDING STRATEGY - Steps 1 - 9

Steps 1 to 4: Define and document the need. Identify the equipment and/or services, including alternatives. Write a standard explanation that will convey clearly to those you call exactly what you are seeking.

Step 5: Determine funding sources.

Step 6: Collect and submit the required paperwork.
Individual's information
Family information
Educational information
Public services contacted
Assistive technology recommendations
Other

Step 7: Authorization is received.

Step 8: Search for co-payment options.

Step 9: The appeals process.

Funding Worksheet

Name: _____ Sex: _____ Birth date: _____ Telephone (___) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Funding Source	Date of Contact	Type[2]	Result

See Appendix I, TECHNOTE for more tips on how to deal with funding issues.

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[2] "Type" should indicate the type of contact such as Telephone Contact, Written Contact of Personal Contact.

Appendix Three
Illinois Resources

Area Agencies on Aging
and
Case Coordination Units

Area 1

Northwestern Illinois Area Agency on Aging
2576 Charles St.
Rockford, IL 61108-1605
Janet B. Ellis, Executive Director
815-226-4901

Case Coordination Units
Elderly Care Services of DeKalb Co., Inc.
330 Grove Street
DeKalb, IL 60115
(DeKalb County)
815-758-5950

Lutheran Social Services of Illinois
Older Adult Services
1901 First Avenue
Sterling, IL 61081
(Lee, Ogle, Whiteside & Carroll Counties)
815-626-7333

Stephenson County Senior Center
121 North Harlem Avenue, Suite 100
Freeport, IL 61032
(Stephenson and Jo Daviess Counties)
815-235-9777

Visiting Nurses Association of Rockford
4223 East State St., Ste. 100
Rockford, IL 61108-2047
(Winnebago & Boone Counties)
(Campus Towers High Rise Apts.)
815-226-1228

Area 02

Northeastern Illinois Area Agency on Aging
Post Office Box 809
River Road, West Campus Building #5
Kankakee, Illinois 60901-0809
Charles D. Johnson, Executive Director
815-939-0727
800-528-2000

Case Coordination Units
Catholic Charities of the Diocese of Joliet, Inc.
657 East Court Street, Suite 200
Kankakee, IL 60901
(Kankakee County)
815-932-1921

Central Office:
The Catholic Charities of the Archdiocese of Chicago
116 North Lincoln Avenue
Round Lake, IL 60073
(Lake County)
708-546-5733
800-942-3930

DuPage County Department of Human Resources
DuPage County Complex
421 North County Farm Road
Wheaton, IL 60187
(DuPage County)
630-682-7000
800-942-9412

Grundy County Health Department
1320 Union St.
Morris, IL 60450
(Grundy County)
815-941-3400

Senior Services Associates, Inc.
Aurora Township Senior Center
460 Garfield Ave., Second Floor
Aurora, IL 60506
(City of Aurora)
630-897-4035

Senior Services Associates, Inc.
101 South Grove Avenue
Elgin, IL 60120
(Kane, Kendall & McHenry Counties)
847-741-0404
800-942-1724

Senior Services Associates, Inc.
McHenry Township Recreation Center
3519 North Richmond
McHencry, IL 60050-1447
(McHenry County)
815-344-3555
800-339-3200

Senior Services Center of Will County
310 North Joliet Street
Joliet, IL 60431
(Will County)
815-740-4225
800-892-1412

Senior Services Associates, Inc.
208 Beaver St.
Yorkville, IL 60560-1705
630-553-5777
800-942-1724

Area 03

Western Illinois Area Agency on Aging
729 34th Avenue
Rock Island, IL 61201
Greta Brooks, Director
800-332-1051
(309)793-6800

Case Coordination Unit
Alternatives for the Older Adult, Inc.
500 42nd St., Ste. 6
Rock Island, IL 61201
(Bureau, Henderson, Knox, LaSalle, McDonough, Putnam, Rock Island, Warren, Henry & Mercer Counties)
309-786-1411
800-798-0988

Area 04

Central Illinois Area Agency on Aging
700 Hamilton Boulevard
Peoria, IL 61603
Joanne Thomas, Executive Director
309-674-2071
309-674-1851 tty

Case Coordination Units

Fulton County Health Department
700 East Oak Street
Canton, IL 61520
(Fulton County)
309-674-1134

Woodford County Senior Services
300 Reagan Drive
Eureka, IL 61530
(Woodford County)
309-467-6108

MSW Projects of Henry, Illinois
P.O. Box 140, Rte 29 at Rte 18
Henry, IL 61537
(Marshall & Stark Counties)
309-364-2287

Peoria City/County Health Department
2116 North Sheridan Road
Peoria, IL 61604
(City of Peoria)
309-679-6042

Rural Peoria Co. Council on Aging, Inc.
414 Main Street
Bellevue, IL 61604
(Rural Peoria County)
309-697-3305

Tazewell County Health Department
21306 Illinois Rte. 9
Tremont, IL 61568-0015
(Tazewell County)
309-925-5511

Area 05

East Central Illinois Area Agency on Aging
1003 Maple Hill Road
Bloomington, IL 61704-9008
Michael J. O'Donnell, Executive Director
800-888-4456
309-829-2065
309-829-6021

Case Coordination Units
Ford Iroquois Public Health Department
114 North Third Street
P.O. Box 427
Watseka, IL 60970
(Iroquois & Ford Counties)
815-432-2483

Community Care Systems
1604 West Main St., #100
P.O. Box 152
Shelbyville, IL 62565
(Cumberland, Moultrie, Shelby & Clark Counties)
217-774-7886

Covenant Medical Center
Case Mangement Unit
1400 West Park Street
Urbana, IL 61801
(Champaign, Douglas, DeWitt & Piatt Counties)
217-337-4597
217-3372115

Cumberland Associates
Senior Programs
100 N. Meridan St.
P.O. Box 385
Toledo, IL 62468
(Coles and Edgar Counties)
217-849-3065

Livingston Co. Public Health Department
310 East Torrance
P.O. Box 886
Pontiac, IL 61764
(Livingston County)
815-844-7174

Community Care Systems
Case Coordination Unit
1210 Towanda Plaza, Unit 16
Bloomington, IL 61701-3454
(McLean County)
888-322-5702
309-827-7681

Macon County Health Department
1221 East Condit
Decatur, IL 62522
(Macon County)
217-423-6550

Vermilion County Health Department
210 South College, Ste. A
Danville, Il 61832
(Vermilion County)
217-431-2662

Area 06

West Central Illinois Area Agency on Aging
Post Office Box 428
1125 Hampshire Street
Quincy, IL 62306
Lynn Niewohner, Director
217-223-7904

Case Coordination Unit

West Central Illinois Case Coordination Unit
Post Office Box 428
1125 Hampshire Street
Quincy, IL 62306-0428
(Adams, Brown, Hancock, Pike, Schuyler & Calhoun Counties)
800-252-9027
217-222-1189

Area 07

Project LIFE Area Agency on Aging
2815 West Washington, Suite 220
Springfield, IL 62702
Dorothy S. Kimball, Executive Director
800-252-2918
217-787-9235

Case Coordination Units
Macoupin Co. Programs for the Elderly
826 North Broad St.
Carlinville, IL 62626
(Macoupin and Christian Counties)
217-854-4706
217-854-3778

Montgomery Co. Health Department
Route 185
Post Office Box 128
Hillsboro, IL 62049
(Montgomery County)
217-532-2001

Prairie Council on Aging
Municipal Building
200 West Douglas
Jacksonville, IL 62650
(Scott, Cass, Greene, Jersey & Morgan Counties)
217-479-4600Ext. 247

Senior Services of Central Illinois
701 West Mason Street
Springfield, IL 62702
(Sangamon County)
217-528-4035

Senior Services of Central Illinois
100 East Sheridan Rd.
Petersburg, IL 62675-1340
(Logan, Mason & Menard Counties)
800-252-2516
217-632-3208

Area 08

Southwestern Illinois Area Agency on Aging
331 Salem Place, Fairview Executive Plaza, Suite 170
Fairview Heights, IL 62208
Paul G. Walther, Ph.D., Executive Director
618-632-1323
800-326-3221

Case Coordination Units
Family and Community Services
Senior Alternatives
550 Landmarks Blvd., 3rd Floor
P.O. Box 250
Alton, IL 62002
(Madison (North) County)
618-463-5962

Family and Community Services
Senior Alternatives
953 Fairfax Street
Carlyle, IL 62231
(Bond & Clinton Counties)
618-594-3238

Visiting Nurse Association of
St. Clair County
#7 Executive Woods
Swansea, IL 62221
(Randolph, Madison (South), Washington, St. Clair & Monroe Counties)
800-642-5429
618-236-5863

Area 09

Midland Area Agency on Aging
434 South Poplar
Post Office Box 1420
Centralia, IL 62801
Deborah Kuiken, Executive Director
618-532-1853

Case Coordination Unit

Effingham City-County Committee on Aging
209 South Merchant
Post Office Box 631
Effingham, IL 62401
(Effingham County)
217-347-5569

Elderly Programs
109 S. Fifth St.
Vandalia, IL 62471
(Fayette County)
618-283-4122

Senior Services of Clay County
813 North Main
Flora, IL 62839
(Clay County)
618-662-7304

Senior Services of Marion County
900 East Noleman
Centralia, IL 62801
(Marion County)
618-533-4300

Senior Services of Jefferson County
2929 Broadway, Suite 8
Mt. Vernon, IL 62864
(Jefferson County)
618-242-3530

Area 10

Southeastern Illinois Area Agency on Aging
35 West Main Street
Albion, IL 62806
Harold E. Morris, Executive Director
800-635-8546
618-445-3606

Case Coordination Unit
Embarras River Basin Agency, Inc.
308½ East Main Street
Olney, IL 62450
(Richland, & Lawrence Counties)
618-392-5515

Embarras River Basin Agency, Inc.
904 West Jordan
Newton, IL 62448
(Jasper and Crawford Counties)
618-783-2215

Case Coordination Unit
Wabash Area Development, Inc.(WADI)
100 North Latham St.
Enfield, IL 62835
(Hamilton County)
618-963-2551
618-963-2525

Local Offices:

WADI
1216 Outer East Main
Carmi, Il 62821
(White County)
618-384-2262

WADI
902 South First St.
Fairfield, IL 62837
(Edward and Wayne Counties)
618-842-2817

WADI
41 East Poplar St.
Alpion, IL 62806
(Edwards and Wayne Counties)
618-445-2821

WADI
823 West Ninth St.
P.O. Box 186
Mt. Carmel, IL
(Edwards, Wabash & White Counties)
618-263-3949

WADI
106 West Cherry
P.O. Box 382
McLeansboro, IL 62859
(Hamilton and White)

Area 11

Egyptian Area Agency on Aging, Inc.
200 East Plaza Drive
Carterville, IL 62918
John Smith, Executive Director
888-895-3306
618-985-8311

Case Coordination Unit
Shawnee Alliance for Seniors
6355 Brandhorst Drive
Carterville, IL 62918
(Jackson, Perry, Franklin, Williamson, Saline, Gallatin, Pope, Hardin, Johnson, Union, Alexander, Pulaski & Massac Counties)
800-642-7773
618-985-8322

Area 12

Chicago Department on Aging
510 North Peshtigo Court, Floor 3A
Chicago, IL 60611
Anna Willis, Commissioner
312-744-8176

Case Management Unit

Northeast Case Management Unit
5801- C North Pulaski Road
Chicago, IL 60646
773-583-9224

Northwest Case Management Unit
5801- C North Pulaski Road
Chicago, IL 60646
773-583-9224

Southeast Case Management Unit
8704 South Constance, 2nd Floor
Chicago, IL 60617
773-734-1400

Southwest Case Management Unit
3139 West 111th St.
Chicago, IL 60655
773-298-5060

Central/West Case Management
322 South Green St., #210
Chicago, IL 60607
312-413-4220

Area 13

Suburban Area Agency on Aging
1146 Westgate, Ste. LL112
Oak Park, IL 60301-1054
Jonathan Lavin, Executive Director 800-699-9043
708-383-0258
708-524-1653 tty

Case Coordination Units
5817 West Cermak Road
Cicero, IL 60650
(Berwyn & Cicero)
708-863-3552

South Suburban Senior Services of Catholic Charities
15300 South Lexington Avenue
Harvey, IL 60426
(Bloom, Rich, Thornton, Calumet & Bremen Townships)
708-596-2222

Evanston/Skokie Valley Senior Svcs.
Northshore Senior Center
827 Foster Avenue
Evanston, IL 60201
(Evanston & Niles Townships)
847-864-3721

North Shore Senior Center
7 Happ Road
Northfield, IL 60093-3411
(Northfield, New Trier & Maine Townships)
847-446-8750

Stickney Public Health District
Office on Aging
5635 State Road
Burbank, IL 60459
(Stickney Township)
708-424-9200 Ext

Oak Park Township
Senior Citizen's Services
418 South Oak Park Avenue
Oak Park, IL 60302
(Oak Park & River Forest)
708-383-8060

PLOWS Council on Aging
4700 West 95th Street
Suite 106
Oak Lawn, IL 60453
(Palos, LeMont, Orland & Worth Townships)
708-422-6722

SDA 1 -- Waukegan *
Chris Stevens
Fred Crivlare
415 Washington Street
Waukegan, Illinois 60085
847/249-2200
847/249-2214 FAX
847/249-2200 x14 TDD
pic@co.lake.il.us

SDA 1 -- Grayslake
Fred Crivlare
800 Lancer Lane, Suite E107
Grayslake, Illinois 60030
847/543-7400
847/543-7466 FAX
Tberryman@clc.cc.il.us

SDA 2 -- Woodstock
Carl Martens
Ronald Edgecomb
500 Russel Court
Woodstock, Illinois 60098
815/338-7100
815/338-7125 FAX
gtsherma@co.mchenry.il.us

SDA 3--Rockford
Don Arnold
Carol Houghtby
3134 11th Street
Rockford, Illinois 61109
815/395-6600
815/395-0548 FAX
815/229-2796 FAX
SDA3@xta.com

SDA 4--Sterling
Lavonne Colloton
Nancy Sweitzer
2323 East Lincolnway
Sterling, Illinois 61081
815/625-2313
815/625-2206 FAX
nwiljtpa@essex1.com

SDA 4--Freeport
Nord Swanstrom
Nancy Sweitzer
1826 South West Avenue
Freeport, Illinois 61032
815/232-7171
815/232-0083 FAX
nwiljtpa@essex1.com

SDA 5--North Aurora
Deb Banker, Ext. 202
Sue Geltner, Ext. 332
2 Smoke Tree Plaza
North Aurora, Illinois 60542
630/844-6640
630/844-6698 FAX (IDES)
630/844-6661 FAX (KDK)
NorthAurora@kdktraining.org

SDA 5--DeKalb
Dianne Cooper, Ext. 229
Sue Geltner, Ext. 230
1701 East Lincoln Highway
DeKalb, Illinois 60115
815/756-4893
815/756-6523 FAX (IDES)
815/756-1051 FAX (KDK)
Dekalb@kdktraining.org

SDA 5--Elgin
Dianne Cooper, Ext. 261
Elizabeth Sipinski, Ext 259
30 DuPage Court
Elgin, Illinois 60120
847/888-7900
847/931-2057 FAX (IDES)
847/888-4145 FAX (KDK)
Elgin@kdktraining.org

SDA 6--Lombard
Loraine Volz
Glen Murrin
837 South Westmore-Meyers Rd.
Lombard, Illinois 60148
630/495-4345
630/495-4374 FAX
lvolz@ietc-dupageco.com

SDA 7--Harvey
Roberto Rivera
Karla Brooks
14829 Dixie Highway
Harvey, Illinois 60426
708/596-2325
708/331-0046 FAX

SDA 7--Maywood
Walter Esler
Christine Garrett
35 South 19th Avenue
Maywood, Illinois 60153
708/338-6900
708/338-6942 FAX
wesler1@megsinet.net

SDA 7--Cicero
Larry Fitzpatrick
Ralph Cox
Al Lisowski (Mgr.)
2138 South 61st Court Suite 301
Cicero, Illinois 60804
708/222-3100
708/222-8098 FAX

SDA 8--Arlington Heights
James Ballee
723 West Algonquin Rd
Arlington Heights, Illinois 60005

847/981-7400
847/981-7182 FAX

SDA 8--Evanston
Margaret Smith
1572 Maple
Evanston, Illinois 60201
847/864-2580
847/864-8350 FAX

SDA 9--Chicago
Overall Contact Person:
Nancy Chiarella
312/746-7777
Ferris Williams
773/334-6646, Ext. 223

SDA 9-Individual IETCs:
Mike Nolan
Deborah Cronberg
Ralph Cox

Southwest IETC
Daley College
7500 South Pulaski Road
Building 100
Chicago, Illinois 60652
773/884-7000
773/838-7810 FAX
Maria Velazquez
Rochelle Lockhart-Bedford

Near West IETC
1657 South Blue Island Avenue
Chicago, Illinois 60608
312/243-5100
312/243-5680 FAX
Sam Long
Mike Perez

Northwest IETC
Wright Jr. College-South
3400 North Austin Avenue
Room 352
Chicago, Illinois 60634
773/736-5627
773/794-8285 FAX
Leigh Diffay
Eric Searcy

Mid South IETC
715 East 47th Street
Chicago, Illinois 60653
773/538-5627
773-538-8856 FAX
Tipawan T. Q. Reed
Roberto Garza

Westside IETC
3500 West Grand Avenue
Chicago, Illinois 60651
773/227-7117, Ext. 227
773/227-0319 FAX
mhammerm@mail.depaul.edu

SDA 10--Bolingbrook
Jane Fulkerson
May Griffey
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Bolingbrook IETC
321 Quadrangle Drive
Bolingbrook, Illinois 60444
630/757-0678
630/757-0691 FAX

SDA 10--Joliet
Sharon May
Jean Hansen
1115 Plainfield Road
Joliet, Illinois 60435
815/727-4444 (May)
815/740-5101 (Hansen) or 815/740-2650
815/727-6008 FAX (May)
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smay@iols.net

SDA 11--Kankakee
Lyle Arends (X101)
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255 North Schuyler Avenue
Kankakee, Illinois 60901
815/932-0035
815/932-0081
815/932-1611 FAX
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SDA 11--Pontiac
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Mike Winters
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Pontiac, Illinois 61764
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livjtpa@fcg.net

SDA 12--Ottawa
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815/433-6645 FAX

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LaSalle, Illinois 61301
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217/222-0047 FAX
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Sue Krause
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309/353-1632 FAX
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Mike Winters
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309/828-2967 FAX
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Sally Hoots (231)
Virginia Long
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217/872-5870 (Satellite Site)
217/872-5883 FAX (PS)
217/872-2275 FAX (SS)
217/872-5872 TDD
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SDA 20--Taylorville
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Ray Peterson
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Taylorville, Illinois 62568
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SDA 23--Mattoon
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Dorothy Whitehead
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Mary Pulliam (X220)
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618/277-8420 FAX
618/277-6790 TDD

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F. William Grounds
Larry Books
54 Crownview
Mt. Vernon, Illinois 62864
618/244-1700
618/244-9219 FAX
1-800-526-0844 TDD

SDA 25--Carterville
F. William Grounds
Phil Minnis
Larry Field
John A. Logan College
R.R. #2
Carterville, Illinois 62918
618/985-3741, Ext. 8302
618/985-4042 FAX
618/985-2752 TDD
jtpa@jal.cc.il.us

SDA 25--Marion
F. William Grounds
Larry Field
8195 Express Drive
Marion, Illinois 62959
618/997-6835
618/993-5871 FAX
1-800-662-3943 TDD

SDA 25--Murphysboro
F. William Grounds
Richard Morris
223 South 13th Street
Murphysboro, Illinois 62966
618/687-2341
618/684-4365 FAX

SDA 26--Enfield
Sandy Goldman
100 North Latham
P.O. Box 70
Enfield, Illinois 62835
618/963-2387
618/963-2525 FAX

SDA 26--Harrisburg
Vickie Sprague-Reed
Larry Field
303 South Commercial Street
Parker Plaza
Harrisburg, Illinois 62946
618/253-6105
618/252-5400, Ext. 3911
618/252-0210 FAX

SDA 26--Cairo
Richard Morris
Sharon Box
2207 Poplar
Cairo, Illinois 62914
618/734-1498
618/734-1000 FAX

Department of Human Services
Bureau of Early Intervention
Child and Family Connections

335 N. River St., Suite 209
Batavia, IL 60510
888-282-0997
Serving Kane and Kendall Counties

c/o Special Children, Inc.
1306 Wabash Ave.
Belleville, IL 62220
888-594-8364
Serving Madison, Monroe, Randolph & St.Clair Counties

c/o Child Care Resource/Referral
207 West Jefferson, #304
Bloomington, IL 61701
888-877-1152
Serving Champaign, Ford, Iroquois, Livingston, McLean & Vermillion Counties

c/o Archway
1108 West Willow
Carbondale, IL 62903
888-340-6702
Serving Alexander, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski & Union Counties

101 South Lincoln
Centralia, IL 62801
800-661-0900
Serving Clinton, Franklin, Jefferson, Marion, Washington & Williams Counties

Chicago & Cook County

1757 West 95th St.
Chicago, IL 60643
888-211-4664
Serving Chicago Southwest Zip Codes: 60620, 60627-60629, 60633, 60638, 60642, 60643, 60652, 60655

Cook County Children's Hospital
700 S. Wood, Room 2007/2008
Chicago, IL 60612
888-211 4664
Serving Chicago Central/West Zip Codes: 60601, 60608, 60612, 60616, 60623, 60624, 60632, 60644, 60661

950 East 61st St., Room 203
Chicago, IL 60637
888-211-4664
Serving Chicago Zip Codes: 60609, 60615, 60617, 60619, 60621, 60636, 60637, 60649, 60653

IL Masonic Medical Center
836 West Wellington Ave.
Chicago, IL 60657-5193
888-211-4664
Serving Chicago North Zip Codes:60610, 60611, 60613, 60614, 60618, 60622, 60625, 60626, 60630, 60631, 60634, 60635, 60639-60641, 60645-60648, 60651, 60656, 60657, 60659, 60660, 60666, 60707

925 West 175th St., 3rd Floor
Homewood, IL 60430
800-507-5057
Serving Cook County South Suburbs Zip Codes: 60406, 60409, 60411, 60415, 60419, 60422, 60425, 60426, 60428-60430, 60438, 60439, 60443, 60445, 60448, 60452, 50453, 60455-60459, 60461-60467, 60469, 60471-60473, 60475-60478, 60480, 60482, 60501, 60633, 60803, 60805, 60827

10215 W. Roosevelt Rd., 1st Floor
Westchester, IL 60154
888-566-8228
Serving Central Cook County
Zip Codes: 60104, 60126, 60130, 60131, 60141, 60153, 60154, 60160, 60162-60165, 60171, 60176, 60301-60305, 60402, 60513, 60521, 60525, 60526, 60534, 60546, 60558, 60707, 60666, 60804

O'Hare Atrium Office Plaza
2860 River Road, Suite 360
Des Plaines, IL 60018
800-585-1953
Serving North Cook County
Zip Codes: 60201-60204, 60025, 60004-60008, 60010, 60016, 60018, 60022, 60025, 60026, 60029, 60043, 60053, 60056, 60062, 60067, 60068, 60070, 60074, 60076, 60077, 60082, 60089, 60090, 60092, 60093, 60103, 60196, 60107, 60120,60143, 60157, 60172, 60192-60195, 60714

(This ends Chicago & Cook County)

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c/o Macon County Mental Health Board
132 South Water, Suite 604
Decatur, IL 62523
800-758-2705
Serving Coles, Clark, Cumberland, DeWitt, Douglas, Edgar, Macon, Moultrie, Piatt & Shelby Counties

2502 South Veterans Dr.
Effingham, IL 62401
888-459-5437 x101
Serving Bond, Christian, Clay, Crawford, Effingham, Fayette, Jasper, Lawrence, Macoupin, Montgomery & Richland Counties

Serving Carroll, DeKalb, Jo Davies, Lee, Stephenson & Whiteside Counties
206 South Galena, Suite 40
Freeport, IL 61032
888-297-1041

c/o Easter Seal Rehabilitation Center
212 Barney Drive
Joliet, IL 60435
(888)329-0633
Serving Grundy, Kankakee, LaSalle & Will Counties

555 E. Butterfield Rd., Suite 212
Lombard, IL 60148
800-637-7181
Serving DuPage County

5615 Jensen Dr.
Loves Park, IL 61111-3974
800-921-0094
Serving Boone, Bureau, Marshall, Ogle, Putnam & Winnebago Counties

309 University Drive, Suite 2
Macomb, IL 61455
888-482-8830
Serving Fulton, Hancock, Henderson, Knox, McDonough, Mercer, Rock Island, Schuyler & Warren Counties

c/o WOVSED
Route 45 South, P.O. Box E
Norris City, IL 62869
800-463-2759
Serving Edwards, Gallatin, Hamilton, Saline, Wabash, Wayne & White Counties

c/o Allied Agencies
320 East Armstrong Ave.
Peoria, IL 61603-3164
888-482-4300
Serving Henry, Peoria, Stark, Tazewell & Woodford Counties

510 Maine St., Suite 615
Quincy, IL 62301
888-222-9592
Serving Adams, Brown, Calhoun, Cass, Greene, Jersey, Morgan, Pike & Scott Counties

3130 S. Chatham Rd., Suite B
Springfield, IL 62704
888-217-3505
Serving Sangamon, Logan, Mason &
Menard Counties

2424 Washington St., Suite 210
Waukegan, IL 60085
888-297-3033
Serving Lake & McHenry Counties

Department of Human Services
Office of Developmental Disabilities
Pre-Admission Screening and
Case Coordination Agencies

Access Services of Northern Illinois
1009 - 11 Main St.
Mendota, IL 61342
815-539-3813
800-447-8869
815-539-6351 fax
Counties: Carroll, Lee, Ogle, Whiteside, Bureau, Marshall, Putnam, LaSalle, Jo Daviess, & Stephenson Counties

Access Services of Northern Illinois
7399 Forest Hills Rd.
Loves Park, IL 61111
815-282-8824
815-282-8835 fax
Counties: Winnebago, Boone, & DeKalb Counties

Community Service Options of Rock Island and Mercer Counties (CSO/RIM)
5447 Third Ave.
Moline, IL 61265
309-736-1260
309-736-1263 fax
Counties: Rock Island & Mercer Counties

Western Illinois Service Coordination
1117 East Jackson
Macomb, IL 61455
309-833-1621
309-837-1730 fax
Counties: Knox, Warren, Henry, Henderson, Stark, McDonough and Fulton Counties

Central Illinois Service Access (CISA)
1491 Valle Vista
Pekin, IL 61554
309-347-7202
309-347-7297
Counties: Tazewell, Woodford, Peoria and McLean Counties

Central Illinois Service Access
301 North 6th St, Suite 170
Springfield, IL 62701
217-527-3390
217-527-8002 fax
Counties: Sangamon, Menard, Logan, Mason & Christian Counties

Options and Advocacy of McHenry County
333 Commerce Drive Suite 80
Crystal Lake, IL 60014
815-477-4720
815-477-4700 fax
Counties: Henry County

Community Alternatives Unlimited
8765 W. Higgins, Suite 300
Chicago, IL 60631
773-867-4000
773-867-4145 fax
Counties: North-Northwest Cook County, North Chicago & Lake County

Kane-Kendall Case Coordination
335 North River St., Suite 201
Batavia, IL 60510
630-879-2277
630-879-9098 fax
Counties: Kane & Kendall Counties, Fox Valley Villages and Hanover Township

Livingston County 708
310 East Torrance, P.O. Box 504
Pontiac, IL 61764
815-844-7708
815-844-7712 fax
Counties: Livingston County

Prairieland Service Coordination
P.O. Box 315
Decatur, IL 62523-0315
217-424-0766
217-424-2366 fax
Counties: Macon, DeWitt, Moultrie, Piatt, Shelby Effingham, Cumberland, Coles, Douglas, Vermillion, Clark and Edgar Counties

Champaign County Regional Planning Commission
1776 East Washington St.
P.O. Box 339
Urbana, IL 61801-0339
217-328-3313
217-328-2426 fax
Counties: Champaign, Ford & Iroquois Counties

Macoupin /Montgomery Service Coordination
116 West Ryder
P.O. Box 267
Litchfield, IL 62056
217-324-6600
217-324-6605 fax
Macoupin & Montgomery Counties

Developmental Disabilities Services of Metro East (DDSME)
928 South 59th St.
Belleville, IL 62223
618-236-7957
618-236-7925 fax
St. Clair & Madison County

Southern IL Case Coordination Service, Inc. (SICCS)
220 E. Second, P.O. Box 588
Centralia, IL 62801
618-532-4300
800-828-7422
618-532-9416 fax
Counties: Monroe, Randolph, Clinton, Fayette, Franklin, Marion, Jasper, Clay, Wayne, Williamson, Edwards, Richland, Crawford, Lawrence, Wabash, Jefferson, Hamilton, White, Gallatin, Bond, Saline, Washington, Perry, Jackson, Union, Johnson, Pope, Hardin, Alexander, Pulaski & Massac Counties

West Central Service Coordination
955 West Washington
Pittsfield, IL 62363
217-285-5227
217-285-6903 fax
Counties: Adams, Cass, Hancock, Brown, Schuyler & Pike Counties

Community Service Options, Inc. (CSO)
8704 South Constance
Chicago, IL 60617
773-768-4492
773-768-4892 fax
Counties: Chicago South

PACT, Inc.
555 E. Butterfield Road, Suite 201
Lombard, IL 60148
630-960-9700
630-960-9823 fax
630-530-7445 tty
Counties: DuPage County

SERVICE, Inc.
2112 W. Jefferson, Room 242
Joliet, IL 60435
815-741-0800
815-741-1678 fax
Counties: Will, Grundy & Kankakee Counties

Suburban Access
925 West 175th St., 3rd Floor
Homewood, IL 60430
708-799-9190
708-799-9178 fax
Counties: Lemont, Orland, Bloom, Rich, Thornton, Worth, Palos, Calumet & Breman Townships

State of Illinois
Department of Public Aid
Local Offices Directory

Adams
300 Maine St., 2nd Fl.
Quincy, Illinois 62306-0451
217-223-0550

Alexander
220 Sixth Street
Cairo, Illinois 62914-0593
618-734-0762

Bond
100 North Locust Street
Greenville, Illinois 62246-1535
618-664-0668

Boone
2090 Pearl Street
Belvidere, Illinois 61008-0800
815-544-3484

Brown
114 South Capitol Avenue
Mt. Sterling, Illinois 62353-0087
217-773-3307

Bureau
Backbone Road East
R.R. 2, Box 300
Princeton, Illinois 61356-9543
815-875-1134

Calhoun
807 W. Main St.
Hardin, Illinois 62047-0220
618-576-2258

Carroll
Route 64 West and Mill Road
Mt. Carroll, Illinois 61053-0153
815-244-3301

Cass
300 East Second Street
Beardstown, Illinois 62618-1225
217-323-4185

Champaign
801 N. Walnut St.
Champaign, Illinois 61820-1787
217-333-5605 v
217-333-2498 tty

Christian
918 E. Park St.
Taylorville, Illinois 62568-0468
217-824-3389

Clark
315 S. 14th Street
Marshall, Illinois 62441-1743
217-826-2541

Clay
Hgwy 45 & Chestnut St.
Louisville, Illinois 62858-0903
618-665-3391

Clinton
1130 12th St.
Carlyle, Illinois 62231-1252
618-594-2407

Coles
119 West State Street
Charleston, Illinois 61920-1399
217-345-2188

Crawford
1110 North Allen Street
Robinson, Illinois 62454-0656
618-544-3151

Cumberland
200 S. Indiana
Toledo, Illinois 62468-0188
217-849-3541

Dekalb
2245 Gateway Drive
Sycamore, Illinois 60178-3164
815-756-4805

Dewitt
1275 Route 54 East

Clinton, Illinois 62727-0438
217-935-2166

Douglas
207 E. Ficklin
Tuscola, Illinois 61953-1811
217-253-3347

DuPage
146 West Roosevelt Rd., Ste. 2
Villa Park, Illinois 60181-3575
708-530-1120 V
708-530-1135 tty

Edgar
206 E. Court St.
Paris, Illinois 61944-2295
217-465-6491

Edwards
247 N. 6th
Albion, Illinois 62806-0150
618-445-2121

Effingham
925 E. Fayette Ave.
Effingham, Illinois 62401-0726
217-342-4160

Fayette
228 West Johnson Street
Vandalia, Illinois 62471-2898
618-283-2607

Ford
1500 W. Ottawa
Paxton, Illinois 60957-0254
217-379-2141

Franklin
1602 N. Main Street
Benton, Illinois 62812-1900
618-439-4351

Fulton
1329 N. Main
Lewistown, Illinois 61542-0312
309-547-3755

Gallatin
281 North Blvd. West
Shawneetown, IL 62984-0280
618-269-3128

Greene
145 Walnut St.
Carrollton, Illinois 62016
217- 942-6907

Grundy
1715 Division Street, Suite 105
Morris, Illinois 60450-1124
815-942-3024

Hamilton
Illinois Route 14 East
McLeansboro, IL 62859-0146
618-643-2313

Hancock
620A Wabash Street
Carthage, Illinois 62321-1444
217-357-3116

Hardin
108 N. Main
Elizabethtown, IL 62931-0307
618-287-2521

Henderson
Schuyler Street
Oquawka, Illinois 61469-0668
309-867-3071

Henry
125 West South St.
Kewanee, Illinois 61443-0187
309-852-5627

Iroquois
1790 E. Walnut
Watseka, Illinois 60970-0341
815-432-5256

Jackson
342 North St.
Murphysboro, IL 62966-2295
618-687-1705 v
618-687-1061 tty

Jasper
102 South Lafayette Street
Newton, Illinois 62448-1210
618-783-2311

Jefferson
414 E. Main Street
Mt. Vernon, Illinois 62864-1607
618-242-1040

Jersey
110 North Jefferson St.
Jerseyville, IL 62052-1726
618-498-2105

Jo Daviess
708 S. West St.
Galena, Illinois 61036-0237
815-777-0718

Johnson
803 Vine Street
Vienna, Illinois 62995-0186
618-658-4261

Kane
361 Old Indian Trail
Aurora, Illinois 60506-2403
630-553-7743

Kane - Sub Office
425 Dundee Ave.
Elgin, Illinois 60120-3885
847-931-2700

Kankakee
285 North Schuyler Ave.
Kankakee, Illinois 60901-1786
815-939-4544

Kendall
125 West Hydraulic Street
Yorkville, Illinois 60560-1497
630-553-7743

Knox
1580 East Knox St.
Galesburg, Illinois 61401-5396
309-342-8144

Lake
114 S. Genesee St.
Waukegan, Illinois 60085-5667
708-336-5212

La Salle
700 Centennial Drive
Ottawa, Illinois 61350-1023
815-433-1572

Lawrence
R.R. 1, Box 418
Lawrenceville, IL 62439-9784
618-943-2334

Lee
201 Lincoln Statue Drive
Dixon, Illinois 61021-0568
815-288-4487

Livingston
905 Custer Avenue
Pontiac, Illinois 61764-0707
815-842-1151

Logan
1550 4th Street
Lincoln, Illinois 62656-0310
217-735-2306

Macon
707 E. Wood St.
Decatur, Illinois 62524-3130
217-362-6500 V
217-362-6631 tty

Macoupin
85 Carlinville Plaza
Carlinville, IL 62626-0380
217-854-3145

Madison
#16 Nameoki Village Shp. Ctr.
Granite City, Illinois 62040-3798
618-877-9200

Madison - Sub Office
608 West St. Louis Avenue
East Alton, Illinois 62024-0270
618-258-1660

Marion
100 East McCord Street
Centralia, Illinois 62801-0746
618-532-1966

Marshall
708 Second St.
Henry, Illinois 61537-1599
309-364-2376

Mason
323 West Main St.
Havana, Illinois 62644-1194
309-543-3329

Massac
2301 Metropolis St.
Metropolis, Illinois 62960-1399
618-524-2631

Mc Donough
1026 East Jackson Street
Macomb, Illinois 61455-2520
309-833-4127

Mc Henry
2215 Lake Shore Dr.
Woodstock, Illinois 60098-6918
815-338-0234

Mc Lean
719 West Chestnut St.
Bloomington, Illinois 61702-3725
309-827-4621

Menard
326 E. Sangamon
Petersburg, Illinois 62675-1248
217-632-7711

Mercer
400 South East 8th Ave.
Aledo, Illinois 61231-2095
309-582-5178

Monroe
123 W. Mill Street
Waterloo, Illinois 62298-0066
618-939-8615

Montgomery
210 E. Fairground Ave.
Hillsboro, Illinois 62049-0515
217-532-3957

Morgan
45-47 S. Central Park Plaza
Jacksonville, Illinois 62650-2080
217-245-5164 v
217-245-7362 tty

Moultrie
625 S. Hamilton
Sullivan, Illinois 61951-2168
217-728-7343

Ogle
2 Pines Plaza
Oregon, Illinois 61061-0276
815-732-2166

Peoria
605-607 N.E. Jefferson St.
Peoria, Illinois 61603-3899
309-671-3282 v
309-671-3292 tty

Perry
314 North Maple St.
DuQuoin, Illinois 62832-1099
618-542-4714

Piatt
108 East Washington Street
Monticello, Illinois 61856-0317
217-762-9848

Pike
P.O. Box 271
Pittsfield, Illinois 62363-0271
217-285-2171

Pope
106 N. Market St.
Golconda, Illinois 62938-0130
618-683-2921

Pulaski
120 North Front St.
Mounds, Illinois 62964-1094
618-745-9411

Putnam
108 S. McCoy
Granville, Illinois 61326-0330
815-339-2164

Randolph
01 Van Zant Street
Chester, Illinois 62233-0307
618-826-4559

Richland
1406 Martin
Olney, Illinois 62450-4722
618-392-3151

Rock Island
2821 Fifth Street
Rock Island, Illinois 61201-4085
309-794-9530

Saline
320 E. Raymond Street
Harrisburg, Illinois 62946-0724
618-253-7161

Sangamon
100 S. Martin Luther King Dr.
Springfield, Illinois 62703-1114
217-782-0400 v
217-524-8129 tty

Schuyler
111 East Washington Street
Rushville, Illinois 62681-0349
217-322-3377

Scott
335 West Cherry Street
Winchester, Illinois 62694-1026
217-742-3158

Shelby
610 W. Main St.
Shelbyville, Illinois 62565-1440
217-774-3971

Stark
103 South East Street
Toulon, Illinois 61483-9706
309-286-2021

St. Clair
320 North 9th Street
East St. Louis, IL 62201-1798
618-583-2399

St. Clair - Sub Office
1220 Centreville
Belleville, IL 62220-17998
618-257-7400

Stephenson
1631 S. Galena Avenue
Freeport, Illinois 61032-2517
815-232-6123

Tazewell
200 S. Second St., Suite 20
Pekin, Illinois 61554-4083
309-347-4184

Union
210 E. Chestnut Street
Anna, Illinois 62906-1899
618-833-2118

Vermillion
220 South Bowman Avenue
Danville, Illinois 61834-0690
217-442-4003

Wabash
229 West 2nd Street
Mt. Carmel, Illinois 62863-1608
618-262-5179

Warren
1245 South Main Street
Monmouth, Illinois 61462-0080
309-734-2159

Washington
450 N. Kaskaskia
Nashville, Illinois 62263-0072
618-327-8414

Wayne
215 S.E. 3rd St., 2nd Fl.
Fairfield, Illinois 62837-0207
618-842-2621

White
1112 West Oak Street
Carmi, Illinois 62821-1398
618-382-4685

Whiteside
2605 Woodlawn Road
Sterling, Illinois 61081-4151
815-626-4957

Will
45 E. Webster Street
Joliet, Illinois 60431-1044
815-740-5350 v
815-740-5355 tty

Will - Satellite Office
3400 Union Ave.
University Park, Illinois 60466
815-756-0373

Williamson
1107 W. DeYoung, Ste. 20
Marion, Illinois 62959-4403
618-997-6591

Winnebago
1111 North Avon Street
Rockford, Illinois 61101-5898
815-987-7620 v
815-987-7226 tty

Woodford
107B North Major Street
Eureka, Illinois 61530-1293
309-467-2358

CHICAGO & COOK COUNTY OFFICES

Ashland
100 N. Western Avenue, 2nd Fl.
Chicago, Illinois 60612-2222
312-633-3700 v
312-666-9652 tty

Auburn Park
839 West 79th Street
Chicago, Illinois 60620-2593
773-723-8750 v
773-723-5366 tty

Austin
408 North Laramie Avenue
Chicago, Illinois 60644-1999
773-854-6428 v
773-378-0480 tty

Cabrini
630 W. Evergreen
Chicago, Illinois 60610-1041
312-988-2950 v
312-943-5897 tty

Calumet Park
831 W. 119th
Chicago, Illinois 60643
773-660-4700 v
773-660-2171 tty

Cook County Hospital
1900 W. Polk
Chicago, IL 60650
312-633-3800

Englewood
6305-11 South Western Avenue
Chicago, Illinois 60636-2495
773-918-6700 v
773-436-5382 tty

Garfield
500 North Pulaski Road
Chicago, Illinois 62624-1091
773-265-7740 v
773-826-2591 tty

Hospital Assistance
2036 S. Michigan Ave., 7th Fl.
Chicago, Illinois 60616-1707
312-793-8110 v
312-326-5772 tty

Humboldt Park
2753 West North Avenue
Chicago, Illinois 60647-5293
773-292-7200 v
773-227-3504 tty

Kenwood
300 W. Pershing Road
Chicago, Illinois 60609
312-538-8000 v
312-538-9808 tty

Lower North
412 North Milwaukee Ave.
Chicago, Illinois 60610-3993
312-738-5700 v
312-666-9634 tty

Michigan
70 East 21st St.
Chicago, Illinois 60616-1783
312-793-7500
312-842-2176

Northern
5822 North Western Avenue
Chicago, Illinois 60659-5097
773-989-3600 v
773-989-8296 tty

Northwest
4105 W. Chicago Avenue
Chicago, Illinois 60651-3698
773-265-7000 v
773-265-0237 tty

Southeast
8001 South Cottage Grove
Chicago, Illinois 60619
773-602-4200 v
773-783-0329 tty

Oak Forest Hospital
159 & Cicero Ave.-Area F
Oak Forest, Illinois 60452
312-468-5300

Oakland
610 W. Root St.
Chicago, Illinois 60609-2669
773-579-4200
773-579-4044

Park Manor
724 West 64th St.
Chicago, Illinois 60621
773-602-4700 v
773-723-7040 tty

Pershing
300 West Pershing Road
Chicago, Illinois 60609
773-538-8900 v
773-538-9806 tty

Roseland
112034 South Ellis Ave.
Chicago, Illinois 60628
773-660-7000
773-568-3123

South Suburban
14820 South Kedzie Ave.
Midlothian, Illinois 60445
708-371-5750 v
708-371-4211 tty

Uptown
2112 West Lawrence Ave.
Chicago, Illinois 60625
773-907-4100 v
773-728-1697 tty

Western
3910 West Ogden
Chicago, Illinois 60623
773-522-8370 v
773-522-3851 tty

Wicker Park
1279 N. Milwaukee, 3rd Floor
Chicago, Illinois 60622-2296
773-292-2900 V
773-227-3735 tty

Woodlawn
915 E. 63rd
Chicago, Illinois 60637
773-753-5200v
773-947-9251 tty

West Suburban
1708 Main Street
Melrose Park, Illinois 60160312
708-338-7600 V
708-450-0562 tty

Department of Human Services
Office of Rehabilitation Services
Vocational Rehabilitation/Home Services

HSP=Home Services Program VR=Vocational Rehabilitation Program

Alton-HSP/VR
200 North Center Dr., Suite B
Alton, IL 62002
618-466-8409 v
618-466-8459 tty
Counties: Bond, Calhoun, Jersey, Madison (Northern Part Excluding Edwardsville)

Anna-HSP/VR
130 Lick Creek Rd.
Anna, IL 62906
618-833-5115 v/tty
Counties: Alexander, Johnson, Massac, Pulaski and Union

Aurora-HSP/VR
888 S. Edgelawn Dr., Suite 1771
Aurora, IL 60506
630-892-7417 v
630-892-7702 tty
Counties: Kane, Kendall

Belleville-HSP/VR
601 S. High St.
Belleville, IL 62220
618-235-5300 v
618-235-4051 tty
Counties: Clinton, Monroe, Randolph and St.Clair

Benton-HSP/VR
Route 37 North, P.O. Box 848
Benton, IL 62812
618-439-4334 v
618-435-3138 tty
Counties: Franklin, Hamilton, Williamson and Saline

Bloomington/Normal-VR/HSP
207 S. Prospect Rd.
Bloomington, IL 61704
309-662-1347 v/tty
Counties: Ford, Livingston, McLean, Logan, Piatt, Iroquois

Bloomington/Normal-VR/HSP
Illinois State University (ISU)
604 Dale, Suite A-2
Normal, IL 61761
309-454-1448 v/tty
Served: Customers who attend ISU

Carbondale - VR
Southern Illinois University (SIU)
P.O. Box 3419
Carbondale, IL 62902
618-453-3434 v
618-453-3436 tty
Served: Customers who attend SIU

Carbondale - VR/HSP
309 E. Jackson
P.O. Box 2348
Carbondale, IL 62902
618-457-2107 v/tty
Counties: Jackson and Perry

Champaign-VR/HSP
University of Illinois (U of I)
1207 S. Oak Street
Champaign, IL 61820
217-333-4620 v
217-333-4665 tty
Served: Customers who attend U of I

Champaign-VR/HSP
510 Devonshire
Champaign, IL 61820
217-333-5707 v
217-333-5716 tty
Counties: Champaign and Piatt

Danville-HSP/VR
407 N. Franklin, Suite A
Danville, IL 61832
217-446-0230 v
217-446-8641 tty
Counties: Vermillion

Decatur-HSP/VR
1065 W. Pershing Rd.
Decatur, IL 62526
217-875-4866 v/tty
Counties: Dewitt, Macon and Moultrie

DeKalb-HSP/VR
1330 Oakwood Dr.
DeKalb, IL 60115
815-758-2471 v/tty
Counties: DeKalb

Downers Grove-HSP/VR
2901 Finley Ave., Suite 109
Downers Grove, IL 60515
630-495-0500 v/tty
Counties: DuPage

East St. Louis-HSP/VR
#10 Collinsville Ave., Suite 303
East St. Louis, IL 62201
618-583-2200 v
618-875-6821 tty
Counties: St. Clair

Elgin-HSP/VR
452 N. McLean Blvd, 2nd Floor
Elgin, IL 60123
847-931-2360 v
847-931-2380 tty
Counties: Kane, McHenry

Freeport-HSP/VR
773 W. Lincoln
Freeport, IL 61032
815-233-5904 v
815-233-3177 tty
Counties: Carroll, JoDaviess, Stephenson

Galesburg-HSP/VR
256 S. Soangetaha Rd., Suite 107
Galesburg, IL 61401
309-343-2193 v
309-343-2154 tty
Counties: Henderson, Knox, Stark, Warren and Fulton

Granite City-HSP/VR
3675 Nameoki Rd., Suite 1
Granite City, IL 62040
618-877-0753 v/tty
Counties: Edwarsville Area (Northern Part), Madison (Southern Part)

Harrisburg-HSP/VR
323 S. Maple St.
P.O. Box 348
Harrisburg, IL 62946
618-253-7681 v/tty
Counties: Gallatin, Hardin, Pope and White

Jacksonville-HSP/VR
Colony South Shopping Plaza
1429 S. Main Street, Suite C
Jacksonville, IL 62650
(217)245-9585 v/tty
Counties: Brown, Cass, Christian, Greene, Macoupin, Mason, Menard, Montgomery, Morgan, Sangamon (except city of Springfield and Rural Addresses of Springfield), Schuyler and Scott

Joliet-HSP/VR
1617 West Jefferson St.
Joliet, IL 60435
815-730-4200 v/tty
Counties: Grundy, Will

Kankakee-HSP/VR
1780 W. Merchant
Kankakee, IL 60901
815-939-4422 v/tty
Counties: Kankakee

LaSalle-HSP/VR
905 2nd St.
LaSalle, IL 61301
815-224-1314 v/tty

Counties: Bureau, LaSalle, Putnam

Macomb
Western Illinois University (WIU)
1200-1 West Jackson
Macomb, IL 61455
309-833-4573 v/tty
Served: Customers who attend WIU

Mattoon-HSP/VR
129 N. 15th St.
Mattoon, IL 61930
217-235-3154 v/tty
Counties: Clark, Coles, Cumberland, Douglas, Edgar, Effingham and Shelby

Mt. Vernon-HSP/VR
4 Doctors Park Rd.
Mt. Vernon, IL 62864
618-244-0331 v
618-244-0339 tty
Counties: Fayette, Jefferson, Marion, Washington and Wayne

Olney-HSP/VR
1112 S. West St.
Olney, IL 62450
618-395-2147 v
618-395-2149 tty
Counties: Clay, Crawford, Jasper, Richland, Lawrence, Edwards & Wabash

Pekin-HSP/VR
2970 Court St., Sunset Plaza
Pekin, IL 61554
309-353-5996 v/tty
Counties: Tazewell

Peoria-HSP/VR
4808 N. Sheridan Rd.
Peoria, IL 61614
309-686-6000 v
309-686-6088 tty
Counties: Marshall, Peoria, Woodford

Quincy-HSP/VR
2435 Broadway
Quincy, IL 62301
217-224-2600 v/tty
Counties: Adams, Pike, Hancock and McDonough

Rock Island-HSP/VR
4711 44th St., Suite 3
Rock Island, IL 61201
309-786-1241 v/tty
815-786-6460 tty
Counties: Henry, Mercer, Rock Island

Rockford
615 Longwood St.
Rockford, IL 61107
815-964-0333 v ORS
815-964-0359 tty ORS
815-964-0360 v/tty HSP
Counties by both programs: Boone, Winnebago and Ogle

Springfield-HSP/VR
1124 N. Walnut
Springfield, IL 62702
217-782-4830 v/tty
Counties: City and Rural Springfield

Sterling-HSP/VR
2607 Woodlawn Rd., Suite 1
Sterling, IL 61081
815-625-8885 v
815-625-9437 tty
Counties: Lee, Whiteside, DeKalb

CHICAGO/ Cook Co. and Suburbs

Chicago Heights-HSP/VR
1010 Dixie Highway, 4th Floor
Chicago Heights, IL 60411
708-709-3333 v
708-709-3337 tty
Zip Codes: 60406; 60409; 60411; 60419; 60422; 60425; 60426; 60429; 60422; 60425; 60426; 60429; 60430; 60438; 60443; 60445; 60452; 60461-60463; 60464; 60466; 60471-60473; 60475-60477; 60478; 60501; 60633; 60658

Ford City-HSP (Some VR counselors housed here)
Ford City East
Shopping Plaza
7600 S. Pulaski Rd.
Chicago, IL 60652
773-838-5745 v/tty
Zip Codes: 60621; 60629; 60636; 60637; 60638; 60652; Suburban: Bedford Park; Bridgeview; Justice; Argo/Summit

Hiawatha
6200 N. Hiawatha, Suite 300
Chicago, IL 60646
773-794-4800 v/tty
Zip Codes: 60613; 60614; 60618; 60622; 60626;60630; 60631; 60634; 60635; 60639; 60640; 60641; 60645-60648; 60656; 60657; 60660; 60666; 60707

IIT-HSP/VR
ITT Research Institute
10 West 35th St., 4th Floor
Chicago, IL 60616
312-328-2900 v/tty
Zip Codes: 60608; 60609; 60615; 60616; 60632; 60653

Milwaukee Ave.-HSP/VR
1279 N. Milwaukee Ave.
Chicago, IL 60622
773-292-4400 v/tty
Zip Codes: 60610; 60611; 60622; 60651

Oak Park-HSP/VR
1100 Lake St., Suite 145
Oak Park, IL 60301
708-848-7100 v
708-848-8069 tty
Zip Codes: 60104; 60130; 60153; 60154; 60160; 60162; 60163; 60164 (So. of North Ave.); 60165; 60301; 60302; 60304; 60305; 60402; 60513; 60525; 60526; 60534; 60546; 60558; 60804

Rolling Meadows-HSP/VR
5340 Keystone Court
Rolling Meadows, IL 60008
847-253-6200 v
847-253-1362 tty
Zip Codes: 60004-60008; 60010; 60011; 60016; 60018; 60022; 60025; 60043; 60053; 60056; 60062; 60067; 60068; 60070; 60076; 60077; 60089; 60090; 60091; 60093; 60103; 60107; 60131; 60160; 60164; 60171; 60176; 60193; 60194; 60195

South Pulaski-HSP/VR
8600 S. Pulaski Rd.
Chicago, IL 60652
773-838-5660 v/tty
Zip Codes: 60617; 60619; 60620; 60627; 60628; 60633; 60642; 60643; 60649; 60655; 60658;
Suburban: Burbank; Chicago Ridge; Evergreen Park; Hastings; Hickory Hills; Hometown; Lemont;
Oak Lawn; Palos Hills; Willow Springs; Worth

Stoney Island-HSP/VR
8840 S. Stoney Island
Chicago, IL 60617
773-768-6700 v/tty

West Grand-HSP/VR
3490 W. Grand Ave.
Chicago, IL 60651
773-292-7955 v
773-292-7970 tty

Waukegan-HSP/VR
2740 Grand Ave.
Waukegan, IL 60085
847-244-8474 v/tty
Counties: Lake and the city of Evanston (Cook County)

Wood Street-HSP/VR
1151 S. Wood St.
Chicago, IL 60612
312-633-3570 v/tty
Zip Codes: 60601-60607; 60612; 60623; 60624; 60644

Illinois Centers for Independent Living

Access Living of Metropolitan Chicago (AL)
310 S. Peoria, Room 201
Chicago, IL 60607
312-226-5900 voice
312-226-1687 tty
City of Chicago

Central Illinois Center for Independent Living (CICIL)
614 West Glen
Peoria, IL 61614
309-682-3500 voice/tty
Counties: Fulton, Peoria, Tazewell & Woodford Counties

DuPage Center for Independent Living (DCIL)
739 Roosevelt Road, Bldg. 8, Ste. 109
Glen Ellyn, IL 60137
630-469-2300 voice/tty
Counties: DuPage County

Fox River Valley Center for Independent Living (FRVCIL)
730 West Chicago Street
Elgin, IL 60123
847-695-5818 voice/tty
Counties: Kane, McHenry & Kendall Counties

Jacksonville Area Center for Independent Living (JACIL)
60 East Central Park Plaza
Jacksonville, IL 62650
217-245-8371 voice/tty
Counties: Mason, Morgan, Cass & Scott Counties

Illinois Valley Center for Independent Living (IVCIL)
#12 Gunia, Suite D, RR#2
La Salle, IL 61301
815-224-3126 voice/tty
Counties: Bureau, La Salle, Marshall, Putnam, Stark Counties

Illinois-Iowa Independent Living Center (IIILC)
736 Federal Street, Ste. 100
Davenport, Iowa 52803
319-324-1460 voice/tty
Counties in Illinois: Henry, Mercer & Rock Island

IMPACT
2735 East Broadway
Alton, IL 62002
618-462-1411 voice
618-474-5333 tty
Counties: Bond, Calhoun, Green, Jersey, Macoupin, & Madison Counties

Independence Network Center (INC)
406 North 24th Street, Ste. 3
Quincy, IL 62301
217-223-0400 voice
217-233-0475 tty
Counties: Adams, Pike, Brown, Schuyler, Hancock & McDonough Counties

Lake County Center for Independent Living (LCCIL)
706 East Hawley
Mundelein, IL 60060
847-949-4440 voice/tty
Counties: Lake County

Living Independence for Everyone (LIFE)
2201 Eastland Drive, Suite 1
Bloomington, IL 61704
309-663-5433 voice
309-663-0054 tty
Counties: DeWitt, Ford, Livingston & McLean Counties

Living Independently Now Center (LINC)
120 East A Street
Belleville, IL 62220
618-235-9988 voice
618-235-0451 tty
Counties: St. Clair, Monroe & Randolph Counties

Northwestern Illinois Center for Independent Living (NICIL)
229 First Avenue, Suite 2
Rock Falls, IL 61071
815-625-7860 voice
815-625-7863 tty
Counties: Carroll, Lee, Ogle, JoDavies & Whiteside Counties

Opportunities for Access (OFA)
3300 Broadway, Suite #5
Mt. Vernon, IL 62864
618-244-9212 voice
618-244-9575 tty
Counties: Clinton, Jefferson, Marion, Washington & Wayne Counties

OPTIONS
61 Meadowview Center
Kankakee, IL 60901
815-936-0100 voice
815-936-0132 tty
Counties: Kankakee & Iroquois Counties

Persons Assuming Control of Their Environment (PACE)
1317 East Florida Ave. #27
Urbana, IL 61801
217-344-5433 voice
217-344-5024 tty
Counties: Champaign, Douglas, Edgar, Ford, Piatt, Vermilion Counties

Progress Center for Independent Living (PCIL)
7521 Madison Street
Forest Park, IL 60130
708-209-1500 voice
708-209-1826 tty
Counties: Suburban Cook County

Southern Illinois Center for Independent Living (SICIL)
100 North Glenview, P.O. Box 627
Carbondale, IL 62903
618-457-3318 voice/tty
Counties: Franklin, Jackson, Perry & Williamson Counties

Regional Access & Mobilization Project (RAMP)
202 Market Street
Rockford, IL 61107
815-968-7567 voice
815-968-2401 tty
Counties: Boone, DeKalb, Stephenson & Winnebago Counties

Soyland Access for Independent Living (SAIL)

2545 Millikin Parkway, Suite 1305
Decatur, IL 62526
217-876-8888 voice/tty
Counties: Macon, Moultrie & Shelby Counties

Springfield Center for Independent Living (SCIL)
426 West Jefferson Street
Springfield, IL 62702
217-523-2587 voice/tty
Counties: Christian, Logan, Menard, Montgomery & Sangamon Counties

Stone-Hayes Center for Independent Living (SHCIL)
39 North Prairie Street
Galesburg , IL 61401
309-344-1306 voice
309-344-1269 tty
Counties: Warren & Knox Counties

Will/Grundy Center for Independent Living (WGCIL)
2415 A West Jefferson Street
Joliet, IL 60435
815-729-0162 voice
815-729-2085 tty
Counties Will & Grundy Counties

Division of Specialized Care for Children

Champaign
2125 S First St.
Champaign, IL 61820-7401
217-333-6528
217-244-8390 tty

Metro North
1919 W. Taylor, Room 701
M/C 618, Chicago, IL 60612-7254
312-996-2723
312-996-7584 tty

Metro Central
1919 W. Taylor St., Room 709
M/C 618, Chicago, IL 60612-7254
312-996-7055
312-413-3896 tty

Metro South
1919 W. Taylor St., Room 772
M/C 618, Chicago, IL 60612-7254
312-996-5753
312-413-3894 tty

Northeastern
1919 W. Taylor St., Room 714
M/C 618, Chicago, IL 60612-7254
312-996-9063
312-996-3099 tty

DuPage
8205 S. Cass Ave., Ste. 110
Darien, IL 60561-5319
630-964-9887
630-964-9603 tty

East St. Louis
#10 Collinsville Ave., Room 102
East St. Louis, IL 62201-3005
618-583-2220
618-875-3902 tty

Marion
2309 W. Main St., Ste. 104
Marion, IL 62959-1195
618-997-4396
618-993-2481 tty

Olney
702 W High St., P.O. Box 159
Olney, IL 62450-0159
618-395-8461
618-392-3869 tty

Peoria
5415 N. University Ave., Room 106
Peoria, IL 61614-4779
309-693-5350
309-693-5345 tty

Rockford
4302 N. Main St., RM 106
Rockford, IL 61103-1209
815-987-7571
815-987-7995 tty

Rock Island
4711-44th St., Ste. #1
Rock Island, IL 61201-7169
309-788-4300
309-788-6443 tty

Springfield
421 South Grand Ave. West, 2nd FL
Springfield, IL 62704-3769
217-524-2000
217-524-2011 tty

Illinois Department of Veterans' Affairs
Veterans' Homes

Illinois Veterans' Home at Quincy
1707 North 12th Street
Quincy, IL 62301
217-222-8641

Illinois Veterans' Home at Manteno
One Veterans' Drive
Manteno, IL 60950
618-468-6581

Illinois Veterans' Home at LaSalle
1015 O'Connor Avenue
LaSalle, IL 61301
815-223-0303

Illinois Veterans' Home at Anna
729 North Main
Anna, IL 62906
618-833-6302

Federal Facilities
Veterans Administration Medical Centers in Illinois

Chicago VA Medical Centers

Lakeside Division
333 E. Huron
Chicago, IL 60611
(Lakeside)
312-943-6600

Westside Division
820 South Damen Avenue
Chicago, IL 60680
(West Side)
312-666-6500

Hines VA Medical Center
Roosevelt Road & 5th Ave.
Hines, IL 60141
708-343 -7200

North Chicago VA Medical Center
3001 Greenbay Road
North Chicago, IL 60064
708-688-1900

Danville VA Medical Center
1900 East Main St.
Danville, IL 61832
217-442-8000

Marion VA Medical Center
2401 W. Main Street
Marion, IL 62959
618-997-5311

Veterans Administration
Outpatient Clinics

3035 East Mound Road
Decatur, IL 62526

2000 Glenwood Ave.
Joliet, IL 60435

411 W. Martin Luther King Jr. Dr.
Peoria, IL 61605

1701 N. 12th St.
Quincy, IL 62301

#1 Veterans Dr.
Manteno, IL 60950

4040 W. State St.
Rockford, IL 61108

Illinois Veterans Service Office Directory

Alton
1623 Washington Ave, Suite 212
62002
618-465-3216

Belleville
4807 W. Main St 62226
618-233-5140

Benton
City Hall, 500 West Main Street 62812
618-435-3678

Berwyn
6610 West Cermak Road 60402
708-795-0540

Bloomington
IL Nat'l Guard Armory
1616 S. Main St, Room 15&16 61701
309-827-5811

Carlinville
110 E. Nicholes 62626
217-854-6451

Champaign
201 W. Springfield, Suite 704-705
61820
217-333-5737

Chicago
Thompson Center
100 W. Randolph Suite 4-650 60601
312-814-2460

Chicago
General Jones Armory
5200 S. Cottage Grove Ave
Room 101-103 North 60615-3603
773-363-1492

Chicago
4255 N. Pulaski Rd. 60641
773-539-4360

Chicago
2738 W. 111th Street 60655
773-445-6713

Chicago Heights
1010 Dixie Highway, Suite 211 60411-
2665 708-754-6403

Danville
212 W. Fairchild 61832
217-442-1711

Decatur
Woodmound Plaza Shopping Center
3777 N. Woodford, Unit B-Building 4
62526 217-875-3285

East St. Louis
10 Collinsville 62201
618-583-2065

Freeport
223 Stephenson St, Suite 201 61032
815-233-5092

Galesburg
1001 Michigan Avenue 61401
309-343-2510

Geneva
322 West State Street 60134
630-232-0948

Harrisburg
617 East Church Street 62945
618-252-1198

Jacksonville
1521 West Walnut 62650
217-245-0551

Joliet
58 N. Chicago St 60432
815-727-6584

Kankakee
K of C Building, Room 3
187 S. Indiana Ave 60901
815-932-6524

Kewanee
111 North East Street 61443
309-852-0227

Lawrenceville
313 East State 62439
618-943-6189

Macomb
Macomb Nat'l Guard Armory
135 W. Grant St, Room 57 61455-2862
217-836-2243

Marion
St. Regional Office Building
2309 W. Main St. Suite 102 62959
618-997-3309

Mattoon
IL Nat'l Guard Armory
112 Broadway Ave E. 61938
217-234-4775

Mt. Vernon
#1 Doctors Park, Suite G 62864
618-242-8792

Murphysboro
617 Walnut Street 62966
618-684-2966

Ottawa
424 West Main 61350
815-434-0113

Peoria
1135 Jefferson Building
331 Fulton St. 61602
309-671-3179

Pontiac
825 West Reynolds, Room 113 61764
815-842-2294

Quincy
1707 N. 12th 62301
217-222-8641 Ext 253

Rock Island
County Office Building
1504 3rd Avenue 61201
309-793-1460

Rockford
1111 ¼ N. Avon 61101
815-962-7702

Salem
600 E. Main Street, Suite 6 62881
618-548-6929

Springfield
833 S. Spring St., P.O. Box 19432
62794
217-782-6645

Sterling
2319 E. Lincolnway 61081
815-626-2468

Taylorville
105 E. Main Cross 62568
217-287-7474

Vandalia
321 S. 7th Street 62470
618-283-4319

Waukegan
1 North Genesee St, Suite 209 60085
847-689-4153

Wheaton
421 County Farm Road, Room 2-200
60187
630-690-9449

Woodstock
109 S. Jefferson, Suite #4 60098
815-338-9292

Easter Seals Illinois

2715 South Fourth Street
P.O. Box 1767
Springfield, IL 62705-1767
217-525-0398 or 800-525-0067

Aurora
Easter Seals Rehabilitation Center
1230 North Highland Avenue
Aurora, IL 60506
630-896-1961

Central
Easter Seals of Central Illinois .
243 West Cerro Gordo Street
Decatur, IL 62522
217-429-1052
800-500-7325

Chicago
Easter Seals Chicago
14 E. Jackson, Ste. 900
Chicago, IL 60604
312-939-5115

DuPage
Easter Seals Rosalie Dold Center for Children
830 South Addison Road
Villa Park, IL 60181
630-620-4433

Elgin
Easter Seals Jayne Shover Rehabilitation Ctr.
799 South McLean Boulevard, Box 883
Elgin, IL 60120
847-742-3264
jeastersea@aol.com

LaSalle
Easter Seals LaSalle County
1013 Adams Street
Ottawa, IL 61350
815-434-0857
815-434-2260

Mid-Eastern
Easter Seals Mid-Eastern Illinois
895 South Washington Avenue
Kankakee, IL 60901
815-932-0623

Peoria
Easter Seals
507 E. Armstrong
Peoria, IL 61603
309-686-1177
309-686-7722

Rock Island
Easter Seals Rock Island
1504 Thirteenth Avenue
Moline, IL 61265
309-762-9552

Southwestern
Easter Seals Southwestern Illinois
602 East 3rd Street
Alton, IL 62002
618-462-7325
618-462-8170

Will-Grundy
Easter Seals Will-Grundy Counties
212 Barney Drive
Joliet, IL 60435
815-725-2194

National Easter Seals
230 West Monroe St., Ste. 1800
Chicago, IL 60606-4802
312-726-6200
312-726-4258 tty
312-726-1494
www.easter-seals.org

Easter Seals Lekotek of Southwestern Illinois
602 E. 3rd St.
Alton, IL 62002
618-462-7325

East Central Illinois Lekotek
Family Information Center
102 West Springfield Ave.
Champaign, IL 61820
217-351-3802

El Valor Lekotek
1951 W. 19th St.
Chicago, IL 60608
312-997-2029

Lekotek of Evanston
2100 Ridge Avenue
Evanston, IL 60201
847-328-0001

Lekotek at Good Shepard
2220 Carroll Parkway
Flossmoor, IL 60422
708-957-5700

WSSRA Lekotek
West Suburban Special Recreation Association
2915 North Maple Street
Franklin Park, IL 60131
847-455-2100

Galesburg Public Library Lekotek Center
40 East Simmons Street
Galesburg, IL 61401
309-343-5358

Easter Seals Lekotek - Kankakee
895 South Washington Avenue, Box 84
Kankakee, IL 60901
815-932-0623

DuPage/West Cook Lekotek Center
1500 S. Grace St.
Lombard, IL 60148
630-629-7272

Lekotek Center of West Central Illinois
Easter Seals
1504 Thirteenth Avenue
Moline, IL 61265
309-762-9552

LaSalle County Easter Seals Lekotek Center
1013 Adams Street
Ottawa, IL 61350
815-434-0857

Easter Seals Lekotek Center - Peoria
507 East Armstrong Avenue
Peoria, IL 61603
309-686-1177

Easter Seals Lekotek Center - Normal
Metcalf Laboratory School
Illinois State University
Campus Box 7000
Normal, IL 61970-7000
309-454-PLAY

Rockford Lekotek Center
Fariview Early Education Center
512 South Fairview Avenue
Rockford, IL 61108
815-229-2477

Clearbrook Lekotek
3705 Pheasant Drive
Rolling Meadows, IL 60008
847-392-2812

Lekotek at MacArthur
640 E. 168th Place
South Holland, IL 60473
708-333-7814

UCP of Land of Lincoln Lekotek Center
#6 Drawbridge
Springfield, IL 62704
217-525-6522

Tri-County Lekotek
Northwestern Illinois Association
3807 Woodlawn
Sterling, IL 61081
815-625-7931

Lekotek Family Resource Ctr - Tinley Park
Arbor Park School District 145/Infinitec Southwest
Kimberly Heights School
6141 Kimberly Drive
Tinley Park, IL 60477
708-532-6434

Lekotek at Hickory Hills
119 Chestnut St.
Park Forest, IL 60466
708-748-1833

Lekotek at Lutheran General Hospital
Lekotek Center/Nursing Office
1775 Dempster Street
Park Ridge, IL 60068
847-723-5095

Lekotek
Special Education District of Lake County
Early Intervention Services
18160 Gages Lake Rd.
Gages Lake, IL 60030
847-548-8470

Peip Lekotek
PARC
5010 St. Charles Rd.
Bellwood, IL 60104
708-547-3557

The Archway Lekotek Center
P.O. Box 1180
Carbondale, IL 62903
618-549-4442

Human Resources Development Institute Lekotek
33 E. 114th Street
Chicago, IL 60628
773-660-4630

Jackie's Toy Chest - Lekotek
Children's Memorial Hospital
Child Life Office
2300 Children's Plaza
Chicago, IL 60614
773-880-8159

TAAD Center Lekotek Program
1950 W. Roosevelt Rd.
Chicago, IL 60608
312-421-3373

Illinois United Cerebral Palsy Affiliates

UCP of Illinois, Inc.
312 E. Adams
Springfield, IL 62701
217-528-9681

UCP of Southern Illinois
115 S Lincoln Blvd., Box 1066
Centralia, IL 62801
618-532-5061

UCP of Greater Chicago
155 N Wacker Drive, Ste. 315
Chicago, IL 60606
312-368-0380

UCP of Will County
311 S Reed Street
Joliet, IL 60436
815-744-3500

UCP of Central Illinois
320 E Armstrong
Peoria, IL 61603
309-672-6325

UCP of Mississippi Valley IL
4709 44th Street, Ste. 8
Rock Island, IL 61201
800-475-1827 (IL residents only)
309-788-0851

UCP of the Blackhawk Region
7399 Forest Hills Road
Rockford, IL 61111
815-282-8824

UCP of the Land of Lincoln
130 N Sixteenth Street
Springfield, IL 62703
217-525-6522

MDA Illinois Locations

Chicagoland Regional Office
420 East 22nd St., Ste. 213
Lombard, IL 60148
630-916-4550

Chicago District Office:
Call in July for new address

Fox Valley/DuPage District Office
900 Jorie Blvd., Ste. #250
Oak Brook, IL 60523
630-368-0830

Joliet District Office
3219 Fiday Rd.
Joliet, IL 60431
815-436-8532

North Shore District Office
100 Lexington Dr., Ste. #210
Buffalo Grove, IL 60089
847-520-6329

Rockford District Office
5411 E. State Street, Ste. 205
Rockford, IL 61108
815-229-1632

Champaign Regional Office
2500 Galen Dr.
Champaign, IL 61821
217-351-1853

Belleville District Office
4495 North Illinois St., #F
Belleville, IL 62226
618-277-3232

Peoria District Office
7501 N. University, Ste. 117
Peoria, IL 61614
309-693-8657

Springfield District Office
McFadden Building
522 East Monroe, Ste. 709
Springfield, IL 62701
217-523-2690

Funding of Technology[1]
Checklists

Checklist of Questions to Ask About Technology

- ❑ What are my specific assistive technology needs?
- ❑ What are my technology preferences?
- ❑ Is the technology right for the consumer's age?
- ❑ Have I considered my social and community activities?
- ❑ Have I considered my work/school environment?
- ❑ Can the device help me meet my goals?
- ❑ What are my transportation needs?
- ❑ Did I get an appropriate evaluation to determine the most appropriate device?
- ❑ Who, besides me, needs training?
- ❑ Will the vendor help me with funding paperwork and documentation?
- ❑ Am I able to pay for the device?
- ❑ What funding sources are available to me (VR, Education, Medicaid, Medicare)?
- ❑ How many devices will meet my need?
- ❑ Does the technology do what it is supposed to do?
- ❑ How much will the device really cost?
- ❑ Can I rent it?
- ❑ Can I comfortably operate the technology?
- ❑ Is it dependable?
- ❑ Can I move the device easily?
- ❑ How long will it last?
- ❑ Can I use it with other devices?
- ❑ Will I be able to try it before I buy it?
- ❑ Is there a warranty?
- ❑ What maintenance must I do, and how often?
- ❑ How secure is the device?
- ❑ How easily can I learn to use it?
- ❑ Is it easy to program?
- ❑ Is it easy to put together?
- ❑ Where will it get repaired?
- ❑ Is the device electrical or battery operated?

[1] Partnerships in Planning for State Technology Service Delivery, Howard P. Parette, Jr., Ed., 1990. And information from table at: http://mason.gmu.edu/~bburkett/fp-table41.html

This Illinois Assistive Technology Project Manual is available in alternate formats including, Braille, large print, audio tape and text disk.

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Springfield, Illinois 62703
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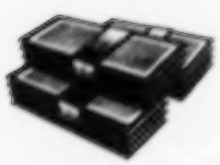
217-522-7985 voice
217-522-9966 tty
www.iltech.org

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